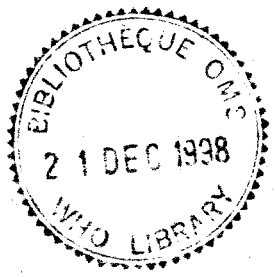
New Players for a New Era

Leading Health Promotion into the 21st Century

4th International Conference on Health Promotion
Jakarta, Indonesia 21-25 July 1997

Conference Report



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Foreword

The Fourth International Conference on Health Promotion: 'New Players for a New Era - Leading Health Promotion into the Twenty-first Century', Jakarta, 21-25 July 1997

The spirit of Alma-Ata was carried forward in the Ottawa Charter developed at the First International Conference on Health Promotion (1986) in Ottawa, Canada. The Ottawa Charter, with its five independent action areas, has since served as the blue print for health promotion worldwide. The subsequent Second and Third International Conferences on Health Promotion in Adelaide, Australia (1988) and in Sundsvall, Sweden (1991), examined two major action strategies of health promotion, resulting in the adoption of the Adelaide Recommendations on Healthy Public Policy and the Sundsvall Statement on Supportive Environments.

The Fourth International Conference on Health Promotion was the first to be held in a developing region. It provided the opportunity to exchange experiences, for developing and developed countries to share and to learn from each other. In view of the major changes which have taken place since the Ottawa Conference in 1986, it provided the opportunity to evaluate the impact of health promotion globally and its priorities in today's world.

It is essential to review and evaluate the impact of health promotion globally, to take stock, to provide vision as to the most desirable future scenarios for world health and to try and identify the approaches, partnerships and alliances which will be required to achieve the desired goal.

Consequently, the Jakarta Conference had three objectives:

a) to review and evaluate the impact of health promotion;
b) to identify innovative strategies to achieve success in health promotion; and
c) to facilitate the development of partnerships in health promotion to meet the global health challenges.

Preparations for the Conference, which formed the central focus in 1997 of the WHO Five-Year Plan for health promotion, served as a catalyst to stimulate action in capacity build capacity for health promotion at local, national and international levels in both developing and developed countries. A series of planned preparatory activities were carried out jointly with the WHO Regional Offices and/or through WHO Collaborating Centers and NGOs in all regions, including intercountry meetings, workshops, and consultations.

These preparations contributed to three major inputs, each addressing one of the specific Conference objectives, namely: I) review and evaluation track; II) scenario/futures track; III) partnership track.

I) The review and evaluation track was developed following a global literature analysis of all evaluated health promotion and education projects. Case studies, published or unpublished, on successful health education and health promotion action were collected and analyzed on a region by region basis through specially appointed focal points. The overall state of health promotion research was reviewed. A number of WHO Collaborating Centers held symposia on the effectiveness of health promotion and prepared papers on health promotion evaluation and research. The results of these efforts provided convincing evidence that health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental

conditions, that determine health (a book with selected papers is available as part of proceedings).

II) The scenario/futures track provided a set of health promotion futures papers and practical guidelines in scenario development. Guidelines for developing scenarios and a global scenario for health promotion in 2020 were specially prepared. Detailed review for health promotion futures in selected topics areas were also prepared, including health promoting schools, workplace health promotion, tobacco free society, ageing and health, sexual health, women's health, healthy cities, and food and nutrition.

III) The third input was on building partnerships for which a series of five papers were prepared outlining the possible way forward, including one on partnerships for health in the 21st Century, and a working paper on partnerships for health promotion. Also, a series of six specific issue papers were prepared for review at the conference as part of the health promoting school global initiative.

The Jakarta Declaration confirmed the five action areas of the Ottawa Charter :

- build healthy public policy;
- create supportive environments;
- strengthen community action;
- develop personal skills;
- reorient health services.

Research and case studies from around the world provided convincing evidence that health promotion is effective and confirmed its continuing validity and relevance. It placed health promotion at the centre of health development. In calling for a global alliance it widened the emphasis to include all sectors of society to work together for the health and well-being of all peoples and societies. The Jakarta Declaration set out the global priorities for health promotion as we enter the new century - health promotion is a key investment.
The success of the 4 ICHP is due to the active contribution of many, the host country, WHO, HQ and the Regional Offices, WR Country Offices, WHO CCs, UN, IGOs and NGOs.

Special gratitude is extended to all; to the countries, institutions and bodies whose support enabled the Conference to take place and assistance to be given to many participants who would otherwise have been able to attend. We are most grateful to all who have contributed to this collective global effort.

Since the Jakarta Conference there has been active follow-up. In May 1998 the World Health Assembly (WHA) has passed the first ever Resolution on Health Promotion confirming the priorities as identified in the Jakarta Declaration and to report back to the WHA in two years time on the progress achieved. This challenge has now to be met.

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Fourth International Conference on Health Promotion
Report

Conference Format

The Fourth International Conference on Health Promotion (4ICHP) took place in Jakarta, it was the first in the series to be hosted by a country from the South, with a majority of participants coming from the South. But this was not the only thing that made *'Jakarta'* unique. It was the first conference of the four to deal with three *different* but intricately connected themes:

- The Conference was to review critically the achievements in the area of health promotion since the adoption of the Ottawa Charter;
- The meeting was to explore possibilities and commitments towards the involvement of new players in partnerships and alliances for health promotion;
- It was to formulate the challenges that are ahead of us, as well as the responses and strategies which health promoters in their partnerships and alliances could employ.

First Truly Global Health Promotion

Achievements
Partnerships
Strategies

These objectives made the conference very much a working meeting. Plenaries provided food for thought, to be expressed in a daily symposia series. Morning plenary sessions were followed by *'Leading Change'* symposia in which insights on new work styles, health promotion skills, the economics of health promotion, ethical conduct, new technologies and much more were shared. In this report, *'Leading Change'* symposia will not be reported on, as they were conceived to be training-like sessions; information on sessions can be obtained through their facilitators. Further, networking time was scheduled every day in order to facilitate further exchange around themes felt important to participants; every late afternoon participants were found all over the conference venue, involved in debates. The core of the conference process was found in *'Partnership in Action'* symposia, which will be reported on below.

Indonesia Day on Health Promotion

The centre of the programme was constituted by *Indonesia Day*, during which the host country's health promotion policy was unveiled and national and local health promotion programmes were presented. Indonesia has committed itself formally to the theme of the conference, and presented an overview of the most innovative health programmes in the country.

The commitments formulated around the above-mentioned themes were ultimately reflected in the *Jakarta Declaration*, the development of which was a continuous participatory process throughout the conference.

Structure of the Report

Rather than following the structure of the conference, this part of the report takes a more evolutionary perspective. The next section describes developments that made a 4ICHP on *'New Players for a New Era'* timely. It contains a review of political and scientific advances in the field.
The *'Where are We Now?'* section takes stock of the current state of health promotion in settings, contexts and stages of life. *'The Road Ahead'* takes an overall view of health promotion challenges in the new era, supplemented by findings of a second set of Symposia on contexts and settings. Partnerships are dealt with in the subsequent section: *'With Whom do we Travel?'*. The *'Conclusion'* deals with health promotion tradition, future challenges, evidence of health promotion working, and partnership issues.
Throughout the report, the global commitment to health promotion in the next millennium will become obvious. In *'A Global Commitment'* representatives of some of the major political global constellations will be presented.

The Road to Jakarta

'Jakarta' should be viewed in the context of a health promotion development process that was started with the adoption of the *Ottawa Charter* in 1986. This conference was followed in 1989 by a conference in Adelaide dealing with *Healthy Public Policy*. The third international conference on health promotion dealt with *Supportive Environments for Health*, and was organised in Sundsvall, 1991.
The Fourth Conference is not only significant because we are on the brink of the next millennium (a symbolic threshold which stimulates the imagination), but also because the world seems to be changing at an ever increasing pace.

Dynamic forward-looking development

Neither of the above developments can be separated from the context of *Primary Health Care* (Alma Ata, 1978) and the rejuvenated strategy *Health for All by the Year 2000*. These major initiatives constitute a strong global commitment to public health.
Particularly globalization of communication, trade, and norms and values was referred to by many as being the most recent challenges. The WHO/SEARO Regional Director (Dr Uton Muchtar Rafei) said during the very first plenary session that *'the New Era has already begun.'*

Globalization of communication, trade, norms and values

Two leading policy makers also took stock of the advances of health promotion in the changing context of their countries. Mr I. Potter (Assistant Deputy Minister for Health) demonstrated the Canadian commitment to working on prerequisites for health (particularly the distribution of wealth), and the need for intersectoral collaboration in the development of healthy public policy. And even though economically adverse conditions abound, health promotion has been growing. Hungarian Minister for Health Dr M. Kökeny also dealt with economic and political changes. He explained that the launch of the Ottawa Charter, in 1986, came both too early and too late for his country. Because of a deteriorating economy, health promotion at that time was not

perceived to be feasible; once the former socialist block (1990) had disappeared, it seemed that health promotion could no longer claim a place on the political agenda. Yet, in spite of a decrease in GDP and the actions driven by market forces, health promotion is back on the agenda. Health Promoting Schools and Healthy Cities are very much integrated in the Hungarian health domain.

Mr J. Mullen, of the 'Private Sector for Health Promotion', suggested that indeed the conference was a landmark, acknowledging the important contributions that the private sector has already made and will make in the future. He showed that the private sector is already collaborating intensively with the health sector in a number of regions. Further global partnerships can be developed, he asserted.

A review of the effectiveness of alliances and partnerships for health promotion presented by Prof P. Gillies (Health Education Authority, London) examined evidence of the success of health promotion. Two approaches to the study were chosen: a literature review using bibliographies of peer-reviewed journals, and snowball sampling through a network of global focal point consultants who were asked to provide further case studies.

Significant behaviour change. Yet: more emphasis on *'Social Capital'* in studies

Following a validated search protocol, 16 randomised controlled trials, 15 comparison studies, and 12 pre-post test evaluations were found. They generally reflected a narrow focus on behaviour change alone, although some highlighted process and policy development outcomes. The focal point consultants provided a further 46 examples of health promotion alliances and partnership programmes. These were predominantly from developing regions in the world.

Significant health behaviour change has been reported. The concept of 'social capital' would potentially add a crucial dimension to the understanding of social influences on health, and would take into account the broader contexts in which health is produced. The approach would focus attention on the mechanisms connecting people with public institutions and with power at local level. The idea of social capital may therefore have much to offer to health promotion research in future, particularly those studies that aim to understand and evaluate the impact of alliances or partnerships for health promotion.

Where Are We Now?

The Monday series of Symposia was to take stock of health promotion developments in a number of settings, contexts and stages of life, important for the further development of the realm. In this section these developments are being summarised; a conclusion will lead into responses to future challenges in these areas.

Settings, contexts and stages of life

Healthy Cities/villages/islands/communities

Being started as a health promotion demonstration project in the European Region of WHO in 1986, the Healthy Cities initiative is now an established global movement. Three case studies were presented, from Kuching (Malaysia), Queensland (Australia), and Samoa.
One of the very first agreements the participants established was that *'Healthy City'* is the catch phrase for a wide variety of health promotion programmes related to larger scale contained living arrangements. Therefore, healthy islands, communities, and villages -in spite of their unique social and geographic set-ups- would all fall under the one slogan.
The approach has become an umbrella for many other setting approaches, e.g. in schools, hospitals and market places. It contributes to the establishment of high quality physical infrastructures, psychosocial environment, and sustainability of health action. It effectively combines the 'art' and 'science' dimensions of public health, linking ideas, visions, political commitment and social entrepreneurship to the management of resources, methods for infrastructure development, and the establishment of procedures to respond to community needs. Intersectoral work is an integral part of the movement, with many partnerships already in place.

Link ideas, visions, political commitment and social entrepreneurship to health

Nevertheless, further strategic considerations and evaluations on capacity building (including political commitment), process development and implementation and outcome measures will be as crucial in the future as they are now.
Whatever the size of the target population (be they inhabitants of mega-cities or of small islands), the importance of action at the local level is identified as essential.

Health Promoting Schools

Schooling is of course one of the best investments in the future. National and international experiences now show that schools provide also the best opportunities for investment in health. Examples from China, India, Russia, USA, Indonesia, Bangladesh, Pakistan, most European countries including Romania, Zimbabwe, Thailand, Samoa, Australia, Brazil, and Sri Lanka showed the immense potential that schools have in comprehensive health promotion. Collaboration between schools and local health services, with parents and local communities, with teachers also becoming aware of health issues,

The best investment in the future

with pupils, through intergenerational activities, and with professional sports associations or the food industry shows that the concept is easy to apply, stirs the imagination in and beyond schools, and has both direct benefits as well as longer-term health benefits. Some direct benefits are improvement of the overall curriculum and active student participation in both curricular and extra-curricular activities. Also, Health Promoting Schools offer a comprehensive package of behavioural and structural interventions that is most appropriate for children in school-ages. Even children not in school, as evidence from Samoa and India demonstrates, could well be reached through the programme.
The major strength of, Networks of Health Promoting Schools, is its network building, the designation of national focal points, involvement of experts in the field of school health, and the mobilisation of resources at a regional level.

Healthy Workplaces

Workplace health promotion until quite recently seems to have been a largely European and North-American approach. The Conference created an excellent opportunity to take stock of experiences elsewhere in the world.
Two models were considered innovative. A German example was used in more than seventy organisations, nationally and internationally. This 'Health Circle Approach' is based on the availability of problem-solving tools at the management level, but employees decide on need and feasibility of interventions during eight work-time sessions. The approach connects with future-oriented management, is flexible and yet broad in its scope, and is easily implemented on the work floor as it is precisely there where the programme is designed in operational terms.

‘ If you can’t manage safety, you can’t manage anything ’

Another model was that of accident prevention in Scandinavia, starting at the workplace, but extending to every setting of everyday life. The assumptions were that

- if a company cannot manage safety, it cannot manage anything;
- all accidents can be prevented.

The approach involved industry, the municipality, and the community.
Several other examples were presented during the session, demonstrating that workplace health promotion is a global effort. A notable programme was presented from Shanghai, where a number of factories engaged in innovative approaches to enhance the health and well-being of workers and their communities.
Successful workplace health promotion requires the following:

- The support for programmes by company leadership and top management is essential;
- 'Investment in workers' health is a good investment' is a message that has to be communicated to businesses more unequivocally.
- The community around the workplace must be involved in a coalition with an interest in workplace health promotion; incentives are part of the coalition formation.
- Mental health and stress prevention among workers merits special attention.

Healthy Ageing

Ageing has become a development issue. An ageing population should not be considered a burden on society, but as a challenge and an opportunity. The vast majority of old people

are independent and in good health. They are productive (though not only in economic terms) and contribute to their communities in a variety of ways.

Ageing is a development issue

The healthy ageing message can best be heard by establishing networks. Such networks are interdisciplinary, flexible, informed, and dynamic. Synergy creates an enhanced approach, much better than isolated projects by individual organisations.
Evidence now shows that health promotion action could lead to, e.g. sustained or increased levels of physical activity leading to decreased levels of cholesterol and morbidity.

Active Living/Physical Activity

Accumulated scientific evidence shows that daily moderate activity enhances health. Physical activity contributes to mental health, and to the reduction of risks related to, e.g. obesity. Modern lifestyles, however, make it increasingly difficult and provide less and less incentive for people to remain physically active.
Active living should start at an early age, and schools offer in that respect more effective, efficient and equal opportunities than any other setting to get young people interested in physical activity, and enjoy it.

Activity good for mental health

Experiences so far suggest three pathways to successful development and implementation of active living programmes:

- A sound scientific base, providing valid assessment tools, social and clinical diagnoses, and trends in active living;
- Development and evaluation of community interventions, including the joint development of behavioural components, policy development, and the creation of appropriate facilities;
- Effective dissemination and communication of information both to professionals and the general public.

Sexual Health

Sexual health has increasingly become a key public health issue. The HIV/AIDS epidemic has spurred this attention. Recent experiences show that foci on sexual health can build upon the worldwide investments in HIV/AIDS prevention programmes, in order to build a broader sexual health approach. Scandinavian experiences also showed that embedding sexual health issues in social development (e.g. taking into account changing roles of families and women, and integration of sexual health in wider public education programmes) was an example of a successful approach.

Respectful of values

Such an approach would include the following:

- More comprehensive, integrated, culturally specific policies and programmes for sexual health;
- A range of partners will be involved in the establishment and implementation of these policies and programmes;
- 'Openness' (and yet respectful of cultural and religious values of the community) towards sexual health;
- Professional education to avoid judgmental attitudes towards sexuality among health

service providers.

Tobacco free societies

Tobacco use is one of the major threats to health. It is on the increase in most countries from the South, and in Western countries there are examples of youth smoking more, in spite of intensive health education.

The major threat to health

A number of approaches were suggested to deal with the tobacco issue:

- Legislation is of essential importance, but needs to be complemented with
- Public awareness. This can be accomplished by conveying a positive message about tobacco free societies, the marketing of legislation, the formulation and implementation of legislation with a wide range of stakeholders, the need for a phased implementation of smoke-free environments (as people not to adjust), and eliciting support from the mass media;
- Involvement of prime movers (role models, prominent people, etc.);
- Incentives are important in the establishment of behaviour change;
- Community involvement, and mobilisation of a range of partners are essential to the sustainability of programmes;
- Education on a tobacco free society should start at an early stage of life, involving peer pressure and parental support, and;
- Financing of health promotion through tobacco taxes.

Promoting women's health

Women's health remains an issue of considerable concern. Discrimination, unequal opportunities, rape, violence, social taboos and unnecessary medicalization of the female body all create barriers to health.

Stock was taken of a number of projects dealing with training, education and empowerment of women, as well as support of women's health workers. An example from India suggested that empowerment of women, including opportunities for credit and saving and freedom of movement significantly contribute to health status.

Industry: Outstanding Midwives Award

Support of midwives, and gender-specific services, was provided through a number of schemes. They included industry support that recognised the importance of these overworked and underpaid women. The industry established an 'Outstanding Midwives Award', establishing the image of midwifery in the community; two award-winners have now been elected to public office.

A strong need is felt to advocate women's health interests at key international meetings. The Global Alliance on Women's Health is among many organisations doing just that, by producing and dissemination of a compendium containing women's health concerns.

Healthcare: unhealthful conditions

Health promoting healthcare settings

Healthcare settings are not necessarily conducive to health. Waiting lists, occupational stress among staff, and inadequate integration of

health promotion and public health in service delivery create unhealthful conditions.
In order to enhance the health promoting capacities of healthcare settings it is important to involve the community in needs assessments and the quality of service delivery.
A number of initiatives are under way to review and improve conditions conducive to health in healthcare settings, for example the "health promoting hospital-project" not only focussing on patients, but also on health of healthcare staff, patients' families and communities.

Healthy homes/families

Nutrition and safety are among the issues which could be addressed through families and homes. Much has already been learnt from experiences in the past. Health promotion in these settings turns out to be successful if the following considerations are brought together in a comprehensive package:

- a behavioural component through which parents as well as children are reached. Examples are manuals on food, environment and health in Indonesia, and audio-visual materials in the field of mother and child health in Africa. Behavioural components need to be supplemented and supported by
- implementation of programmes through intersectoral work, in which education and training are further enhanced by the provision of facilities, and access to relevant services. Examples include the provision of impregnated mosquito bednets in Africa, in addition to information on the transmission of malaria. However, both health education and facilities need to be
- culture-specific and technologically simple. Boiling of water over wood fires may be appropriate in Indonesia, whereas a country with a critical fuel situation (like Nepal) may follow a different solution to that condition.

Focus on homes

The Road Ahead

The conference clearly stated that the New Era has already begun. Both Dr. Sujudi (Indonesian Minister for Health) and Dr Uton Muchtar Rafei (WHO/SEARO Regional Director) demonstrated that socio-political changes in Indonesia and the region have stimulated new ways of dealing with health. All should be mobilised for health, and respect for and humility in regard to the potential of community action and involvement of new partners for health have become an essential concern.
Dr Boladuadua (Director of Primary & Preventive Health Services of Fiji) described the vast variety of Pacific nations. In spite of a generally perceived emptiness in the Pacific, some countries are facing population pressures. Inequities in health exist within countries and between countries. Most significant, though, is the diversity in health problems. On the one hand, health problems associated with poverty and socioeconomic deprivation are putting a burden on the health care system, whereas in the very same countries diseases of affluence are dominant. The goal of health promotion, therefore, must be to curb both non-communicable disease as well as infectious disease. The development of healthy public policy and the establishment of adequate infrastructures for health promotion is a crucial challenge for the future.

The situation was affirmed by Dr F. Manguyu (President, Medical Women's International Association); diversity is as large in Africa as it is in the Pacific. However, large social unrest, wars, and ethnic and population pressures create complex situations for partnerships between government, NGOs, and the private sector. Particularly NGOs play an essential role in the development of health promotion and health services; they are often the voice of the voiceless. Government should recognise their role, and create conditions for effective partnerships: *"No responsibility without authority,"* as Dr F. Manguyu phrased it. Within such more relevant partnerships NGOs can take on roles of health promotion advocacy, resource development, and creation of policies through a commitment to the public dimension of health.

'No responsibility without authority'
good governance is essential

On Tuesday, these issues were particularly affirmed by Dr A. Mukhopadyay (Director of Voluntary Health Association India), who saw an immense role for grassroots organisations that should be respectful of local technologies for health, and not only rely on the immense technological advances of the recent decade; in some cases, puppeteering could be a more powerful communication tool than the Internet.

Think Health

The Tuesday tune was set by Dr I. Kickbusch (Director, Division Health Promotion, Education and Communication). In her keynote she stressed the inextricable link between health and human development. Although much has been accomplished, there are considerable imbalances in, among others, health spending, rates of growth, and consumerism.

Dr I. Kickbusch introduced some concepts to describe and operationalise the achievements and challenges presented throughout the conference. They are in many ways paradoxical. The idea of 'socially toxic environments' would indicate that those that are to benefit from sustainable development in the next generation are deeply hurt socially as they grow up. Similarly, many countries are now suffering from a double burden of disease (conditions of poverty as well as communicable and non-communicable diseases), whereas at the same time 84% of the global population lives in countries where together only 11% of global health budgets are spent.

The foremost challenge would therefore be to combine strategies for social capital with strategies that build intellectual capital for health. The notion of 'health literacy' becomes important: understanding individual, social, societal and global health conditions and their impact. Of course these conditions are intricately interdependent. Another challenge is to deal with them in a coherent way. One way of describing the complexity is using indices like 'social capital', the 'human development index', or a measure called the 'ecological footprint'.

Dealing with the global paradox in health and development would require:

- harnessing some of the *new driving forces* that have emerged more clearly since Ottawa to support health;
- advocacy to make health promotion as much part of the *social and human health* agenda as part of the health agenda;
- to position health promotion as a key element of *good governance* - thus opening avenues for health governance, financing and accountability; and
- to fully understand the changes in the global system of health production and work towards a more systematic *global response*.

"The future is something you build as you move into it," Dr O. Shisana (Director-General of Ministry of Health in South-Africa) added in her presentation. Indeed, although the future is unavoidable, it can be shaped. Dr T. Hancock found that the future is only useful and interesting when it affects what we do and how we live today. For that reason, out of the distinction between possible, plausible, probable and preferable futures, the latter is driving the Conference debate.

Although wild scenarios around preferable health promotion futures can be imagined, the futures presented were realistic. They were illustrated by Dr R. Vaithinathan (Ministry of Health, Singapore). She envisaged futures in which new alliances were forged between authorities, communities and social sectors (such as industry), jointly working towards health.

People central, not disease

Dr S.T. Han (Regional Director, WHO/WPRO) saw a future for the Western Pacific region in which people were at the centre of activity, and no longer Disease. Stages of life, and living arrangements, thereby will become essential focal points of policy and action. Specifically, a focus on early years would emphasise Health Promoting Schools, but also the shaping of lifestyles. The middle years of life would be linked, in action and policy terms, to healthy cities, workplaces, markets and islands. The later years, finally, will become the main priority of the region. Vast numbers of people will be over the age of 65; although they are an essential source of wisdom and experience, their health needs will have to be dealt with as well. The family has a crucial position in that respect.

The same future, but from a family planning perspective, was foreseen by Dr Suyowo (Deputy-Minister of Population, Indonesia). In his policy view, population activities will become owned by families which are empowered towards healthy choices.

Literacy and volunteer action were mentioned as two more issues on which a preferable future vision could be formulated. Dr E. Jouen (Education International) once more illustrated the link between literacy and health. As 25% of the world's working population is illiterate, the health problem becomes dramatic too. Stronger political will to link schools, families, and government in combatting illiteracy is a preferable, if not essential, future. Voluntarism can play a major role in health promotion, according to Dr R. Scott (Rotary, Canada). Rotary assistance to health projects is the glue of partnerships. With a solid foundation in both business and professional communities, as well as connections with populations in need, voluntarism will be able to play a proactive role in finding sustainable solutions to local problems, which in turn contribute to global solutions.

The future: literacy and volunteer action

The *'Leading Change'* Symposia during the second half of Tuesday, Wednesday and Thursday mornings provided valuable insights into future challenges and responses. Conference participants valued these sessions particularly because of their action oriented nature. Questions like *'How to finance health promotion'*, or *'What kind of evaluation methodologies can be applied to a variety of health promotion issues, settings and questions'* were explored, and on many occasions answered. Part II of this publication lists all conveners and papers prepared for the various symposia.

Skills and action

Tuesday and Thursday *'Partnerships in Action'* Symposia on healthy settings, stages

of life, and health conditions were exploring different ways of moving ahead, and operating modes of strengthening and broadening partnerships with a range of both old and new partners; again, a list of facilitators and presentations can be found in Part II of the current volume. Findings are presented below.

Healthy Cities/villages/islands/communities

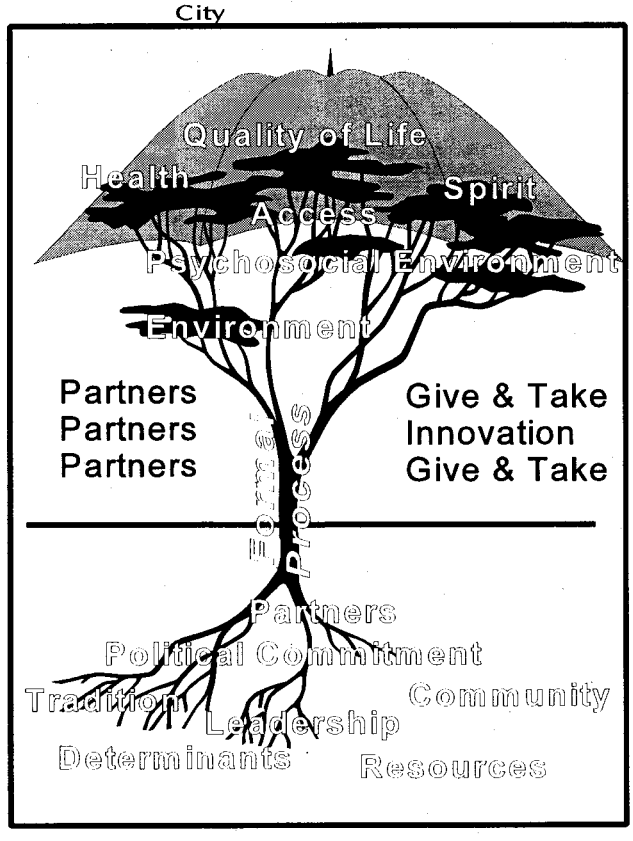
As participants in this Symposium came from Healthy Cities from all over the world, a debate started on common values and approaches. It soon turned out that, where industrialised nations structure their ideas in terms of 'plans' and 'strategies', countries from South-East Asia, for instance, would speak of 'hope' and 'tradition'. The overriding characteristics of these complementary world views, though, are its interconnectedness and integral vision.

The group built a *'Healthy City Tree of Successful Strategies'* which is rooted in political commitment, a connection with the past and traditions, community engagement, inspired leadership, allocation of resources, work on the determinants of health, and establishing relations with key partners. The trunk of the tree is made up by the formal process, in which good governance and good management are reflected. Both the art and science of running a programme come together in the trunk. The canopy of the tree is constituted by enhanced health, spirituality, quality of life, psycho-social environment, access to determinants of health, and physical environment. Naturally, the canopy is an umbrella; the umbrella approach of healthy cities facilitating other settings-based health promotion activities was therefore reaffirmed.

The following future challenges lay ahead of Healthy Cities:

- Most important is the community agreement on the shape of the future. People will agree on a vision, then move ahead ready to share, adapt and change.
- Healthy Cities were affirmed to be the **hope** for reaching high quality of life; the role of health promotion cannot be one of 'instruction'. Health promotion is to encourage, facilitate, and network with other movements towards the establishment of **one** preferred future.

The Healthy Island Village Town City Tree of Successful Strategies



Invest in school environment

Health Promoting Schools

Already operational in many countries, Health Promoting Schools (HPS) could be further enhanced through the establishment of local, national and international networks between schools, and health and education

sectors, as well as through the development of partnerships and alliances with appropriate other sectors.
Participants in the Symposium identified the following priorities for the further success of HPS:

- Community involvement, and the facilitation of involvement by students in the development of education and health;
- Health sector support for the education sector's efforts to improve quality and substance of education;
- Collaboration among ministries of health and education, as well as international bodies, to create enhanced conditions for health promoting schools;
- An integrated approach to policy processes, curriculum development and evaluation; and
- Maintaining a very practical focus in the key in successful development of HPS.

Healthy Workplaces

Workplaces are the natural environments for effective partnerships. In order to guide such partnerships, the discussions around scenarios and strategies came up with the following priorities:

- Given the great disparity of working conditions and health of workers, there is a need to advocate for global unity and partnership to promote and protect the health of working populations. To this end, international coalitions must be built in order to share values, resources, and responsibilities;

Global unity and partnership for work health

- Policies and action plans in relation to workers health must be future-oriented, taking into account foreseeable population trends and other issues of the working life, e.g. high rate of unemployment, ageing, work patterns, social, economic and technological changes and their impact on health, including mental health;
- There is an urgent need to promote awareness of the benefits of workplace health promotion, as a healthy workforce is vital for the success of global, national and local economies.
- Alliances must be built between various stakeholders and organisations involved in the promotion and protection of workers' health, especially health promotion, occupational health and safety, environmental health and human resources management;
- Finally, there is no shortage of work, only of jobs. We have to reconsider our values, and combine economic development with human development, taking full account of the various trends in the working world.

Active Living/Physical Activity

Participants in the Symposium reviewed a number of large-scale physical activity promotion programmes. The experiences are in line with findings from numerous scientific studies and practical projects and point out several important issues in physical activity promotion:

- Begin today: there is a need, and there are possibilities for success;
- Act locally, even in national projects; then you can tailor the programme to correspond to real needs, expectations, and opportunities;

- **Begin today**
- **Tailor programme**
- **Commit partners**
- **Simple sophistication**

- Find responsible committed partners, and make use of the local culture, traditions, attitudes, and values;
- Make the realisation simple even if the foundation is sophisticated. This is possible when you use the vast range of knowledge and experience that has been gathered.
- If you can afford to direct the effort to only part of the population, consider children as a first priority group. They need physical activity and they like it;
- Strengthen existing opportunities such as physical activity in schools in and outside school hours;
- Another priority area would be women, as they are often underserved in terms of motivation and needs;
- Document anything you do and account for what you did. This serves our own learning process and that of others.

Sexual Health

UNAIDS, brings together six UN Agencies (WHO, UNFPA, UNICEF, UNDP, UNESCO, World Bank) on sexual health. The presentation, and subsequent discussions with Symposia participants, brought up a range of issues that seem determinants of future success in the realm.

Social and economic implications of sexual health

First of all, the HIV/AIDS epidemic has major social and economic implications. Although prevention works, there remains some indolence regarding political commitment, leadership, and a global view on the issue. In those cases where HIV/AIDS prevention has proven to be cost-effective, it was because of the following factors. These constitute the context in which sexual health programmes will have to further develop in the future:

- Recognition of the socio-economic impact of sexual health problems, including HIV/AIDS, will have to lead to a political position in which investments in health become a priority;
- Subsequently, openness and transparency in public health functions has been, and will continue to be, critical to the success of countries in the prevention of the spread of HIV/AIDS;
- The global determinants of the spread of HIV/AIDS and other STDs are travel, tourism (particularly sex tourism), transportation and trade, 'transcultural sexual liberation', and illicit drug trading. Industries and agencies involved in these sectors can be involved in dealing with the spread of the epidemic;
- Increasingly, the business sector is becoming involved in HIV prevention programmes, notably in countries where government fails to act. A global cosmetics chain, e.g., is marketing is some countries the cheapest available condom plus

public education on its use. In collaboration between health and private sectors, though, it is found that only philanthropy is not enough. Work health promotion would be a further road to travel;
- A sector that has also a role in the realm is that of religious leaders. Involvement of key leaders can make or break programmes in this field.
- Yet, a code of (ethical) conduct is required to legitimise and structure partnerships.

Tobacco free societies

Tobacco use may be the one single most addressed issue in public health and health promotion. Therefore, Symposium participants could focus more unequivocally on the future.

In addition to the already existing range of interventions, the following recommendations would guide future action on tobacco use:

Complement interventions

- Legislation should always be complemented by other interventions and activities;
- Adoption and implementation of legislation requires a phased approach in order to effect gradual change;
- Public awareness of the smoking problem and available legislative opportunities is of crucial importance;
- Popular support and further availability of data enables a second round of more stringent legislation;
- Partners, such as the media and employers' organisations, need to be involved in the legislative process and be mobilised to that end.
- Sustainability of programmes, interfacing with community participation;
- There is a definite need to take into account global developments; a country may ban smoking, but not ban export of tobacco products. This is inconsequential. Part of this perspective would also be to provide viable alternatives to tobacco production and processing; the economic impact of a reduction of agricultural output and shifts in industrial processing may not facilitate moves towards tobacco-free societies.

Promoting women's health

Participants in the women's health Symposium reviewed presentations by Education International (a World Trade Union organisation representing 23 million teachers) and BBC (British public radio and television). The first agency reviewed progress on health literacy among women and girls since the Jomtien education (1990) and Beijing women's (1996) international meetings. In spite of recommendations and declarations very little seems to have happened. Yet, education is a basic human right; by 2000, 148 million children (among which 86 girls) will still have no access to primary education. BBC ran a multimedia programme over a week on men's health, making men more sensitive to women's health issues. The programme was a success, both in terms of ratings as well as responses. A consequence was that new partnerships between BBC and other actors need to be established for effective follow-up. Television turns out to be not the only medium: drum, dance and music can be vehicles for subtle passing on of information.

Men sensitive to women's health

Participants discussed Action Steps for further enhancement of global women's health:

- A new concept of women's health for all stages of a woman's life cycle from maternal and child health;
- Adult education and Health Education covering the lifespan should be promoted;
- There should be specific and measurable objectives for implementation of women's health from WHO on education, budget and other issues;
- It is important to emphasise positive values, empowering elderly women (such as TBA's, aunts, grandmothers), giving them the opportunity to teach young women;
- WHO should create partnerships, including with the media, other UN Agencies, NGO's, etc. to increase the dissemination of knowledge and information about women's issues, rights and recommendations from international conventions, like Beijing, Jomtien, etc.;
- We need to have mutually reinforcing programmes with WHO resulting in sustained partnerships with NGO's;
- Governments should treat women's NGOs as real partners, providing support and opportunities and including them in policy and decision making;
- In promoting the health of women and girls, WHO needs to take a strong role in encouraging Governments, Foundations and others to allocate resources, and muster the political will needed for implementation;
- WHO needs to expand its involvement with civil society, creating more partnerships with NGO's;

Health promoting healthcare settings

Healthcare settings are at the core of health care and development. In order to continue to play this role, they must broaden its horizons. Symposium participants generally agreed that there is considerable potential in forging new partnership between relevant actors and healthcare settings. Instruments and perspectives to deal with that challenge are:

- To mobilise patient and consumer organisations to play an active joint role in health promotion;
- Share information and data with the partnership;
- Build an infrastructure, within and beyond the healthcare setting, for health promotion;
- Reorient resource allocation towards health promotion;
- Open up a dialogue and establish joint commitments with health insurance companies and businesses, all health professionals including traditional and alternative healers as well as allied health professionals (nurses, technicians), social and business entrepreneurs, and religious leaders; and
- To argue strongly for healthcare dedicated tax on health-damaging industries, most notably tobacco and alcohol industries.

Infrastructure toward commitment between industry, patients, healthcare

With Whom Do We Travel?

No single sector can meet the challenges of health promotion in splendid isolation. Success will come through an alliance between the private, public and non-governmental sectors. The conference demonstrated through many examples of good practice that health promotion already thrives on joint working. Of course, such joint working can materialize in many different shapes. Alliances, partnerships and collaborative actions are just a few ways of indicating work done together. Work can be governed through contracts, memoranda of understanding, or rather simple mutual recognition. Working together can be done on a bilateral basis, or with the involvement of many different constituencies and legal bodies. The conference demonstrated the wide range of possibilities. Dr A. Malaspina discussed the work of ILSI, the *International Life Sciences Institute.* ILSI is a public, non-profit foundation sponsored by industry, private foundations, and government funding. Its goal is to sponsor and carry out research in food safety and nutrition. The Institute has a membership of over 350 companies, with a global network of 3000 scientists working for ILSI's 12 branches around the world. To facilitate collaboration, ILSI acquired NGO status with WHO. An ILSI scientist is located in WHO Headquarters to facilitate speedy and effective exchange of work.

No single sector can meet challenges

The contribution of the private sector proved to be a major focus for debate at the conference. Representatives of commercial and industrial companies identified a number of issues which would assist in their involvement. At the international level, for example, facilitation is essential in bringing together these two sectors which have traditionally had little contact. WHO, and other United Nations organisations, could play a valuable role in this process, and in actively managing and monitoring the developing relationship. WHO should also provide a clearing house for examples of successful private/public sector partnerships.

In addition to the obvious potential for sponsorship, private sector organisations expressed a genuine desire for joint, community-based programmes. They acknowledged that such an involvement would not only be in the interests of improved public health, but would also be good for their companies. They stressed that solid, ethical business was also successful business, and that such an involvement would present a positive company image. Moreover, workplace health programmes not only benefited employees, they also contributed to better productivity and positive industrial relations. Private sector colleagues argued strongly, however, for an involvement in partnership programmes right from the outset as this would develop a joint sense of ownership and cement the process of collaboration.

A genuine desire for joint community-based programmes

There are also many examples of health promotion contributing to safer commercial and industrial practices which ultimately were of benefit to consumers. The development of increasingly comprehensive food hygiene and nutrition programmes in the food industry was but one example cited at the conference.

NGOs also have a growing desire to work more closely with private sector partners, not only out of a desire for commercial sponsorship, but also on issues such as training and management development. Conference participants agreed to establish a joint database of interested NGOs and commercial organisations, through the auspices of the International

Union for Health Promotion and Education (IUHPE), as the basis for fostering future partnerships.
All parties acknowledged that such partnerships were not without potential pitfalls. A clear statement of ethical principles would be essential as a basis for growing trust and co-operation. This would help to protect the interests of the public, and provide a sound basis for joint development. The road towards healthful alliances and partnerships will not be an entirely smooth one. Participants raised concerns as to matters of control and industrial (hidden) agendas. It was agreed that any networking for health would have to recognize interdependencies and unique expertise of each partner. Openness and mutual respect are essential ingredients of successful collaboration.

A Global Commitment

As stated in the introduction to this report, the conference was very much a working meeting. This characteristic did not just apply to health promotion professionals. There was substantial political commitment to health promotion in its many dimensions. Representatives from many countries described the achievements already accomplished. High-level professionals and politicians also pledged their commitment to the road ahead. Prof Sujudi, Minister of Health of Indonesia, presented the conference with the strong commitment to health promotion of the 13,000 island nation stretched along the Equator like an emerald string. Mr I. Potter (Canadian Assistant Deputy Minister for Health) and Hungarian Minister for Health Dr M. Kökeny were already mentioned earlier.
Other significant presentations were formulated by strong players in international health promotion development. Prof Lu Rushan (Minister of Health of the People's Republic of China) described both the accomplishments of his country as well as the double face of challenges that lay ahead of China. Whereas the country is sharing many of the problems of other countries (such as globalization, ageing, urbanization, etc.), the most populous nation of the world is still having to deal with a large rural population and its more traditional health problems. *'In China, health care services cannot be dealt with in a way developed countries have done in the past - with too high costs. Nor should they be treated the way China did in the past - not appropriate to the current socio-economic development'*, Prof Lu stated. The country regards health promotion as a major contributing instrument to solving its problems. Pilot projects involving a network of health promoting schools, workplace health promotion, and healthy cities demonstrated that health promotion will be the future point of reference. Partnerships are crucial to its success. Prof Lu described a partnership between four ministries (Health, Agriculture,

Broadcasting, Television and Cinema and the National Committee of Patriotic Health Campaign) and further NGOs and academia in the implementation of the *Health Education for the 900 Million Peasants* programme.

Dr M. Rajala of the European Union described the increased efforts of the Union in public health and health promotion. The Maastricht Treaty opened up new venues and opportunities in European health promotion. In addition to substantial and longer-term programmes such as *Europe Against Cancer* and *Europe Against AIDS*, health promotion development is acquiring a prominent position on European political agendas. Naturally, the Union operates in a strong partnership with the World Health Organization, and constitutionally has to work with numerous other partners from its member states. Such collaboration only strengthens the scope and vision of health promotion.

Prof D. McQueen, on behalf of Dr D. Satcher the Director of the Centers for Disease Control and Prevention (United States of America), described CDC's perspective on health promotion. *'CDC's vision of a "Healthy People in a Healthy World - Through Prevention" conveys the agency's global perspective. The concept of the global village has traditionally guided CDC activities in global health,'* he stated. CDC is an esteemed inhabitant of that village. The organization is committed to improving global health by strengthening and facilitating efforts of other international health organizations, by provision of consultancies, by conducting capacity development programmes (e.g. in response to infectious disease outbreaks, an important staple of its international work), and by the application of its global mission which is the promotion of health and quality of life by preventing and controlling disease, injury and disability. Prof McQueen emphasised that the United States itself is benefiting from international collaborative activities as well; its understanding of global health issues is enhanced and would led to further improvements in domestic and global activities. It is also for this reason that CDC is involved in the *Mega Country Health Promotion Network* (cf. below).

Partnerships and Alliances

Thursday symposia were to take stock of existing partnerships and alliances, and explore the potential for new such collaborative efforts. The following reflects the debate.

The Global Healthy Cities Network

The group has worked collaboratively during this with week; discussion offered an opportunity to initiate new dialogues and partnerships among themselves and thereby reached to state a *Declaration on Partnerships For Healthy Cities.*

Declaration on partnerships for Healthy Cities

"The global Healthy Cities movement, which now incorporates islands, villages, communities, towns, municipalities, cities, and megacities around the world, has been a very successful application of the Ottawa Charter's strategies. Healthy Cities embodies healthy schools, workplaces, health care facilities, markets and other settings. Healthy Cities is on the balance of people's spirit and technologies. The process of creating healthier cities is a practical example of the effectiveness of partnerships between local governments involving different departments, residents, NGOs, private sectors, community organisations, and academics.

Commitment to build successful partnerships for Healthy Cities rests on action at local level. Partnerships at several levels with various partners widen diversity in alliance. They include partnerships within the health sector, within the public sector, between cities, and across sectors. This requires participation from health, environment, economy, ecology, education, urban planning fields. Decentralisation expedites influential partnerships.

There is no single standard formula to build up effective partnerships for Healthy Cities. The leadership and managerial skills affect its outcome. Social pressure is a key to stimulate leaders to make partnerships with the concerned organisations and people to enhance the health promotion in places where people live. Health plans developed through partnerships contribute to health gain.

Mechanisms to constitute influential partnerships are to tackle hot local issues, to build on cultural and historical backgrounds, to employ holistic approach, to build on mutual success, to work step by step, to keep conscious in generating additional financial resources to sustain good partnerships, and to involve decision makers of communities.

We need to enable people of various sectors to build partnerships at the local level. People need skills to find partners, work with different partner, mediate, create participatory platform, and work towards the same goal. We need to increase partnership literacy.

This commitment to building Healthy Cities movement is for the health of the people".

Global School Health Initiative

The WHO Global School Health Initiative is a concerted effort by international organisations to help schools improve the health of students, staff, parents and community members. The network is a consolidating initiative, gathering knowledge and understanding about health promotion in the school setting.

Six international HPS Networks

Prior to Jakarta four regional HPS networks

were in place and moving forward strongly: Latin America, Europe, South Africa, and West Pacific. The development of two new networks has been reinforced in Jakarta, and will be formally started in the months following, namely: Central Africa, and South-East Asia. In 1998, two more regional networks are also planned in West Africa and the Middle East. In the USA, CDC in Atlanta is a WHO Collaborating Centre for Health Promotion and Education for School-aged Children. CDC provides technical support to WHO on school matters.

Participants from the above-mentioned networks met in Jakarta with 'New Players', in particular from the private sector, private voluntary agencies, Ministries of Health, international networks of schools, and NGOs.

After debating priority areas the Jakarta participants agreed to elaborate networking modes to enhance further collaboration.

Healthy Work Initiative

The third Symposium on the theme examined the possibility for different organisations and agencies to meet and negotiate with various health promotion initiatives and networks on potential joint health promotion action.

The first presentation drew attention to the need for a healthy work initiative, which included the identification of resources, development of marketing strategies, establishment of a system for the co-ordination of activities, and the reinforcement of information support and research. The second presentation highlighted the UNAIDS workplace AIDS Programme as an example of a partnership initiative in response to the AIDS epidemic. The UNAIDS served as a catalyst for partnerships among NGOs, governments and private sector through public awareness, HIV prevention and resource mobilisation.

The subsequent discussions and responses to the presentations highlighted the following points:

- collect and disseminate data concerning the workers' health so that workers can formulate their demands;
- conduct workshops to create awareness among partnerships on the importance (in economic as well as in health terms) of workplace health promotion;
- involve top decision makers in the public and private sectors;
- encourage corporate involvement in the community;
- equal partnership is important;
- social marketing is a mechanism to engage corporate partnership;
- partnership is complex. Be aware of the different levels for partnership dialogues, from the work floor to national level. As a consequence, partnership negotiation takes different shapes at different levels;
- strategic partnership can be established on the basis of holistic issue-based programmes;
- partnerships thrive within stable social and political contexts;
- partnerships on a micro-level are built on the joint establishment of basic values, development of criteria, methods and tools for the development and implementation of action, and establishment of a system of co-ordination and information support and research;
- global partnership and alliance building will be based on equity and mutual trust.

Catalysts for workplace health

Healthy Ageing Initiative

Healthy older persons are resources for their families, their communities and for society. Rapid population ageing worldwide requires investments on healthy ageing at all levels. The return to economy will be immediate.

Embracing these principles, a multisectoral healthy ageing initiative has been launched under WHO leadership. Partners include NGOs, academic and governmental agencies. It emphasises the unprecedently rapid ageing of developing countries populations.

Old age should not be compartmentalised but is an integral part of the life cycle

The framework of this initiative is based on a life course perspective: *old age should not be compartmentalised but is an integral part of the life cycle*. The emphasis is on the adoption of Health Promotion principles applied to the ageing process. Complementary dimensions include gender specificity, promotion of intergenerational cohesion, establishment of community-based programmes and consideration of cultural values as well as ethical issues.

The initiative comprises a cycle consisting of information-base strengthening and dissemination of the information through multiple means. This re-enforces the initiative's key advocacy role leading to an "informed" research agenda and redefinition of training needs. All this is ultimately translated into the development of policies and interventions to be appropriately evaluated.

The launching of a world-wide movement to celebrate the International Day of Older Persons with a strong "active ageing" message is an example of the actions triggered by this initiative. Partnerships coalitions in this movement include NGOs, local government, academic institutions, the International Olympic Committee, the media and the private sector. This movement followed another outcome of this initiative: the Guidelines for Promoting Physical Activity in Older Age developed by WHO in collaboration with the scientific community and NGOs in 1996. Altogether these examples illustrate the importance being given to physical activity as a key contributor to physical, social and mental well-being. Action on this is strong in the USA where the manufacturers of sports' equipment and clothing have launched a nation-wide campaign targeting ageing individuals.

Active Living Initiative

The WHO Active Living Global Initiative was presented as an illustration of a global intersectoral and multidisciplinary activity which requires a broad partnership including both traditional and new partners to give sufficient momentum for this initiative.

Active Living: outstanding public health issue

The challenge of this Initiative is to promote health-enhancing physical activity as an outstanding public health issue. Its objectives are the following :

- To strengthen the world-wide advocacy of the health benefits of Physical Activity for all, and in various life settings.
- To foster the development of national policies and programmes on Physical Activity as part of social and health for all policies.
- To promote/stimulate actions directed to the community, with particular attention to activities in favour of children, youth, older persons, and persons with disabilities and

belonging to economically vulnerable groups.
- To develop international support to Physical Activity and health.

The strategy to attain these objectives and the targets based on them relies on a broad network of committed partners. These include organisations and institutions from governmental, and non governmental sectors, national public health, educational, social, sport, transport and environment agencies/institutions, and relevant private companies.
It is necessary to include among the partners organisations and groups which are interested in fostering the possibilities for increased participation of all girls and women.
The realisation of the activities will be implemented and carried out by community networks of promotional, health, and sociocultural services and associations. This approach is necessary to appreciate the need for culturally appropriate actions and to combine traditional and innovative activities that meet the needs and motivations of the people.

Mega-Country Initiative

The Mega Country Health Promotion Network is a component of the WHO 5-year action plan on health promotion. The goal of the network is to mobilise the world's most populated countries to promote health in a concerted, collaborative effort. There are ten countries with a population of at least 100 million. Together, these countries make up approximately 60% of the world's population. They are: Bangladesh, Brazil, China, India, Indonesia, Japan, Nigeria, Pakistan, Russian Federation, United States of America. By the year 2000, Mexico will also have a population of 100 million.

Mobilise at least 1,000,000,000 people for health

The objectives of the Mega Country Health Promotion Network include:
- Improving each country's own national capacity to promote health;
- Identifying priority areas on which the Network can focus, which can be centred around health issues (e.g. chronic and infectious diseases, mental health, and environmental health). population groups (e.g., youth/ children, women/mothers, and the ageing population) and settings (e.g. communities, schools, and worksites);
- Selecting action areas and activities to work on together;
- Providing support to the nations in the region or world; and
- Building partnerships with governmental and non-governmental agencies, universities, and private industry.
- Criteria for participation in the Mega Country Health Promotion Network include:
- Demonstrating a government commitment to health promotion;
- Providing adequate communication technology;
- Identifying country focal points to facilitate communication and ensure continuity.

Health Promotion Foundations Initiative

The Symposium addressed the dire need to establish organisational structures for health promotion. Such structures have been developed, a.o., in Australia. Similar initiatives are to be launched shortly in Bangkok and Vietnam.

Organisational structures crucial for financing health promotion

Organisational structures for health promotion are important for financing the domain; analysis and dissemination of health and health findings are to be important tasks of such structures.
Dedicated tobacco-taxation is an important and effective way of establishing a financial basis for health promotion structures. Integrated health promotion programmes should be the result.

Health Promotion for Chronic Health Conditions

Patient Groups need to be an integral part of WHO as policy influencers because chronic diseases are increasing and many chronic diseases are hereditary. They have a crucial role to play in improving health care and the health of individuals with chronic disease by encouraging and supporting self help and personal responsibility for life style.
Patient Groups strongly believe that partnerships are the future and can be sooner achieved by using patients at a political level. Patient Groups can educate and advocate.
Patient/Doctor partnerships are critical to good health management. Many people with chronic disease are now living longer (thanks to new drugs and new developments) - many into middle age, hence the need for education, support, coping skills and life style information to maintain quality of life.

Patient - Doctor partnership critical for health management

The group were concerned about the marginalisation of people with chronic disease, especially those with diseases that carry stigma, and were also concerned that the move towards self responsibility may lead to a blaming culture, and an abdication of responsibility by health services for providing support and treatment.
The dynamism, commitment, skills and experience demonstrate by the achievements of patient groups in the 20 th century can be built on to support new initiatives in the 21 st century.
Patient Groups were also concerned that existing negative attitudes towards the pharmaceutical industry were detrimental to patients, who are often dependent on the drugs which industry produce for their quality of life, and sometimes life itself. They feel they have a duty to their members to have good relations with industry to ensure the continued availability of their treatments, as well as pressing for new and improved drugs. They can also work together to produce better information and develop understandings about the non medical issues of living with chronic disease.

Health Promoting Hospitals Initiative

The group looked at:
- Project Hope work, giving management training of health care practices in Eastern Europe. This was the examination of a project in Poland initially funded by a partnership of corporate giving and routed via a charity, US state aid, and local government departmental funding. Now requested by and extended into the Czechoslovakia republic and taught in the Czech language.
- A Community based approach Initiative in Africa, where there was a change from the more centralised specialist services to a basic community based approach again with multi sector funding including the private sector .
- Health 2020. An approach in Thailand which looked at scenarios in health situations and

future trends, so as to inform policy makers and planners and facilitate long term development planning.

- A strategic project which considered important aspects of the prevention of chronic non communicable disease. This project argued for a reversal of the process of marginalisation of the medical staff in health development, suggesting that a stronger lead was necessary .
- The WHO healthy hospital project in Europe.

Healthcare settings require health policy

The main outcomes and action steps are as follows :

- Existing health care settings could benefit from an integration across other sectors. This could also involve multiple partnering with both existing and new partners to a greater extent.
- In some cases, the sector could probably also be extended both horizontally into similar areas and also vertically up and down the process into related areas. More integration with other projects could also occur, e.g. hospitals have not only "in patients", but also
  - Staff (mainly female) - so there are women's health
  - Staff and ancillary workers - so its a workplace
  - Visitors and Out patients - so it could reach out into a community setting
- More emphasis could be given to :
  - Staff professional development and training - so it needs to become a learning organisation
  - Extension of the Healthy hospital concept into existing hospitals who are not members of the healthy hospitals network, including related organisation's in the community.
- New Partners with specialist skills could be involved in this sector in providing expertise for:
  - Training and professional development improve quality standards.
  - Management training - Improving staffs skills and competencies in management practices
  - Infrastructure and organisational development, re engineering internal processes and stronger project management.
  - Health Policy development at both local and national levels.

Health Promoting Media Settings

The technologies and delivery systems of the media have changed dramatically; it is no longer a case of distributing bits of information. To be effective we need to encourage informed dialogue in order to change behaviour to create health and well-being. This is a much harder job.

Two reports were cited by Warren Feek (UNICEF) to illustrate this more complex situation: Demographic and Health Survey Report (UNICEF) and the Soul City Evaluation.

The first assessed the impact of mass media on sexual health. It demonstrated a clear relationship between expose to various media and positive choices.

Access makes the difference especially if health issues are discussed by a wide range of

media news media, soaps and DJ's on radio. The Soul City Evaluation also revealed the importance of a positive cycle of reinforcement i.e. a number of media reinforcing each other resulted in a dialogue amongst friends and family much more effectively than when a person was exposed to only one media.
To be effective Health Promotion should have PUBLIC APPEAL and be presented to media professionals in a user friendly form.
Sherrie Connelly emphasised the importance of selecting appropriate technology. For example there is no point choosing television shows if children's improvisation in school work as well. It is important to ask the following questions:

- What are the communication assets
- What works
- What can you learn from other countries

Communication assets; what works; what can be learned?

Attitudes of health promoters are important. It should not be co-opting the media but getting to know the media.
Alliance building need not be so hard if you begin with those that are already involved in doing good things.
She outlined the following approach based on problem solving:

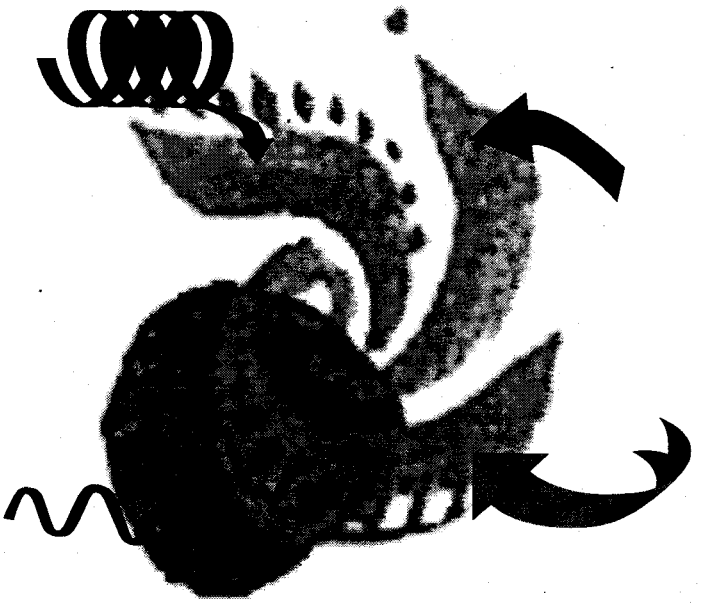
Scan the media for media professions and business leaders for those people who are already doing 'good things'

- Get the media professionals to teach WHO how to apply attitude change
- Encourage communications leaders to learn more about WHO.
- Prepare a strategy to get everybody on line.

Sonny Fox disagreed with only contacting those already converted. It is important to contact many people simply because of the pressures of media business they may not have given the topic much thought. As well as understanding the media it is important not to be adversarial. The approach should be "we need your help" which empowers the media professionals. Soaps send out messages everyday sometimes carelessly, but by understanding and respecting what programme makers tend to be more willing to act responsibly.
The issues of soap operas (US, UK, Australian, Mexican and Brazilian) being important was raised. A participant from Kenya said this cultural imperialism could be overcome by encouraging local talent. The result may not be as sophisticated as Hollywood but it could have a bigger impact.
Other issues which were raised by the group were the need not just to concentrate on soap but seek to build partnerships in other entertainment areas such as interactive games. The need to maintain a comprehensive list of resources as a service to the media. The need to maintain a topical outlook and new messages to keep alive long running issues such as anti-smoking campaigns.

Conference Conclusions

In summarising the findings of the conference, De Leeuw followed the format of the logo of the conference. Throughout the conference, intense debates showed that health promotion now reflects *'Unity in Diversity'*, a slogan that also happens to be the Indonesian national motto.



Tradition

The Ottawa Charter was reaffirmed as having established a health promotion tradition. Integral dimensions of that tradition are foci on community action, supportive environments, intersectoral action and social change.

Participants throughout the conference shared the values associated with the health promotion tradition. They determined not only a committed working atmosphere, but also the chance to advance knowledge and understanding in specific health promotion areas. Over a hundred papers presented in the various symposia provided ample opportunity to exchange views on both the practical and more abstract implications of the established health promotion tradition to face future challenges.

Future

The conference found that indeed the future starts today. Developments in realms of globalization and demography determine the challenges to health promotion and its responses. Trade, communications and new trends in society all have an impact on health. The double burden of disease many countries face (traditional infectious disease patterns on the one hand, diseases of affluence on the other) requires innovative health promotion action. Ageing, and changing roles of previously marginalized groups would determine new and important priorities for public health and health promotion.

Yet, these future developments also hold a promise. New (high tech, and yet high touch) technologies, and increased understanding of health literacy and social capital for health create challenging new prospects for health promotion.

The conference demonstrated that a wealth of information is already available. Networking, particularly in South-South contexts, would further facilitate adequate responses to global future challenges.

Evidence

Health promotion works; throughout the conference it was demonstrated that it is an

essential and effective investment in society. Many presenters highlighted the fact that over the years a wide range of methods, methodologies and theoretical insights have become available in support of the many modalities of health promotion. Be it community action, environments for health, policy development, or organisational change, it became clear that an increasing part of the academic community is committed to providing evidence that it is sensible to undertake health promotion action.
Yet, convincing evidence of the relevance of health promotion also pervaded the practice-oriented sessions of the conference. Workers in field positions showed that health promotion has much more to offer to communities, and partners in the realm, than mere health enhancement. Health promotion forges improved awareness of organisational and policy determinants of well-being and social conditions, thereby setting the stage for concerted action.

Partnerships

'Evidence presented to the Conference outlining the "crisis of suffering" facing the populations of the world clearly indicates the need for the private sector to play a full and responsible part in working with WHO and governments, in both developed and developing countries, to meet the challenges ahead', read part of the commitment made by the sector during the closing session of the conference.
Although a serious concern was expressed by some that new partnerships with other sectors (particularly industry) might be driven by other motivations than health and well-being, the private sector agreed on the necessity to establish general protocols for successful partnerships. Such protocols would include transparancy, accountability, mutual benefits, and ethics. Particular partnership protocols could also include commitments to the highest standards of professional and scientific conduct.
It became clear that already many partnerships are in place; not just between public and private sectors, but specifically between either of these and Non-Gouvermental Organizations. Many examples were provided that show the feasibility and success of an expansion in partnerships for health promotion.

The beginning of the future

The *Fourth International Conference on Health Promotion* proved to be a milestone in health promotion development. It brought together a range of organizations and individuals reaffirming old commitments and pledging new commitments to the goal of joint promotion of global health.
Statements from virtually every corner of the world, and presentations by both health promotors engaged in everyday work with communities, as well as high-level politicians demonstrated that the challenges of the future shall be met, because health promotion *works*, and offers a tangible and effective investment in people's health and well-being.
Recognition of this position in the *Jakarta Declaration* means that the Conference was not an end-point of a decade of development since the adoption of the *Ottawa Charter*, but the beginning of a future. A future which features health promotion prominently as a driving force in the enhancement of global social capital.

The Jakarta Declaration on Leading Health Promotion into the 21st Century

Preamble

The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century, meeting in Jakarta from 21 to 25 July 1997, has come at a critical moment in the development of international strategies for health. It is almost 20 years since the World Health Organization's Member States made an ambitious commitment to a global strategy for Health for All and the principles of primary health care through the Declaration of Alma-Ata. It is 11 years since the First International Conference on Health Promotion was held in Ottawa, Canada. That Conference resulted in proclamation of the Ottawa Charter for Health Promotion, which has been a source of guidance and inspiration for health promotion since that time. Subsequent international conferences and meetings have further clarified the relevance and meaning of key strategies in health promotion, including healthy public policy (Adelaide, Australia, 1988), and supportive environments for health (Sundsvall, Sweden, 1991).

The Fourth International Conference on Health Promotion is the first to be held in a developing country, and the first to involve the private sector in supporting health promotion. It has provided an opportunity to reflect on what has been learned about effective health promotion, to re-examine the determinants of health, and to identify the directions and strategies that must be adopted to address the challenges of promoting health in the 21st century.

The participants in the Jakarta Conference hereby present this Declaration on action for health promotion into the next century.

Health promotion is a key investment

Health is a basic human right and is essential for social and economic development. Increasingly, health promotion is being recognized as an essential element of health development. It is a process of enabling people to increase control over, and to improve, their health. Health promotion, through investment and action, has a marked impact on the determinants of health so as to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to further human rights, and to build social capital. The ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between countries and groups.

The Jakarta Declaration on Health Promotion offers a vision and focus for health promotion into the next century. It reflects the firm commitment of participants in the Fourth International Conference on Health Promotion to draw upon the widest possible range of resources to tackle health determinants in the 21st century.

Determinants of health: new challenges

The prerequisites for health are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health.

Demographic trends such as urbanization, an increase in the number of older people and the high prevalence of chronic diseases pose new problems in all countries. Other social, behavioural and biological changes such as increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse, and civil and domestic violence threaten the health and well-being of hundreds of millions of people.

New and re-emerging infectious diseases, and the greater recognition of mental health problems, require an urgent response. It is vital that approaches to health promotion evolve to meet changes in the determinants of health.

Transnational factors also have a significant impact on health. These include the integration of the global economy, financial markets and trade, wide access to media and communications technology, and environmental degradation as a result of the irresponsible use of resources.

These changes shape people's values, their lifestyles throughout the lifespan, and living conditions across the world. Some have great potential for health, such as the development of communications technology, while others, such as international trade in tobacco, have a major negative impact.

Health promotion makes a difference

Research and case studies from around the world provide convincing evidence that health promotion is effective. Health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental conditions that determine health. Health promotion is a practical approach to achieving greater equity in health.

The five strategies set out in the Ottawa Charter for Health Promotion are essential for success:

- build healthy public policy
- create supportive environments
- strengthen community action

- develop personal skills
- reorient health services.

There is now clear evidence that:

- **comprehensive approaches to health development are the most effective.** Those that use combinations of the five strategies are more effective than single-track approaches.

- **particular settings offer practical opportunities for the implementation of comprehensive strategies.** These include mega-cities, islands, cities, municipalities, local communities, markets, schools, the workplace, and health care facilities.

- **participation is essential to sustain efforts.** People have to be at the centre of health promotion action and decision-making processes for them to be effective.

- **health learning fosters participation.** Access to education and information is essential to achieving effective participation and the empowerment of people and communities.

These strategies are core elements of health promotion and are relevant for all countries.

New responses are needed

To address emerging threats to health, new forms of action are needed. The challenge for the coming years will be to unlock the potential for health promotion inherent in many sectors of society, among local communities, and within families.

There is a clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors. Cooperation is essential; this requires the creation of new partnerships for health, on an equal footing, between the different sectors at all levels of governance in societies.

Priorities for health promotion in the 21st Century

1. Promote social responsibility for health

Decision-makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that:

- avoid harming the health of individuals

- protect the environment and ensure sustainable use of resources
- restrict production of and trade in inherently harmful goods and substances such as tobacco and armaments, as well as discourage unhealthy marketing practices
- safeguard both the citizen in the marketplace and the individual in the workplace
- include equity-focused health impact assessments as an integral part of policy development.

2. Increase investments for health development

In many countries, current investment in health is inadequate and often ineffective. Increasing investment for health development requires a truly multisectoral approach including, for example, additional resources for education and housing as well as for the health sector. Greater investment for health and reorientation of existing investments, both within and among countries, has the potential to achieve significant advances in human development, health and quality of life.

Investments for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations.

3. Consolidate and expand partnerships for health

Health promotion requires partnerships for health and social development between the different sectors at all levels of governance and society. Existing partnerships need to be strengthened and the potential for new partnerships must be explored.

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.

4. Increase community capacity and empower the individual

Health promotion is carried out ***by*** and ***with*** people, not ***on*** or ***to*** people. It improves both the ability of individuals to take action, and the capacity of groups, organizations or communities to influence the determinants of health.

Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources. Empowering individuals demands more consistent, reliable access to the decision-making process and the skills and knowledge essential to effect change.

Both traditional communication and the new information media support this process. Social, cultural and spiritual resources need to be harnessed in innovative ways.

5. Secure an infrastructure for health promotion

To secure an infrastructure for health promotion, new mechanisms for funding it locally,

nationally and globally must be found. Incentives should be developed to influence the actions of governments, nongovernmental organizations, educational institutions and the private sector to make sure that resource mobilization for health promotion is maximized.

"Settings for health" represent the organizational base of the infrastructure required for health promotion. New health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and among countries and facilitate exchange of information on which strategies have proved effective and in which settings.

Training in and practice of local leadership skills should be encouraged in order to support health promotion activities. Documentation of experiences in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation.

All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion.

Call for action

The participants in this Conference are committed to sharing the key messages of the Jakarta Declaration with their governments, institutions and communities, putting the actions proposed into practice, and reporting back to the Fifth International Conference on Health Promotion.

In order to speed progress towards global health promotion, the participants endorse the formation of a global health promotion alliance. The goal of this alliance is to advance the priorities for action in health promotion set out in this Declaration.

Priorities for the alliance include:

- raising awareness of the changing determinants of health
- supporting the development of collaboration and networks for health development
- mobilizing resources for health promotion
- accumulating knowledge on best practice
- enabling shared learning
- promoting solidarity in action
- fostering transparency and public accountability in health promotion

National governments are called on to take the initiative in fostering and sponsoring networks for health promotion both within and among their countries.

The participants call on WHO to take the lead in building such a global health promotion alliance and enabling its Member States to implement the outcomes of the Conference.

A key part of this role is for WHO to engage governments, nongovernmental organizations, development banks, organizations of the United Nations system, interregional bodies, bilateral agencies, the labour movement and cooperatives, as well as the private sector, in advancing the priorities for action in health promotion.

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STATEMENT ON HEALTHY AGEING

4TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTION, JAKARTA, JULY 1997

Ageing is currently the most important demographic trend worldwide. Further ageing of societies in developed countries is now accompanied by unprecedentedly rapid ageing of populations in developing countries.

The challenges and opportunities for society are multiple and universal. Investments for health throughout life ensure that individuals reach old age enjoying increasing levels of health. This life-course perspective is essential. Health in old age depends on investment in health from childhood. Further major benefits are gained from interventions in adult life - to include those targeting individuals already in old age.

There is a clear evidence that health promotion interventions in relation to ageing work. Data from a number of countries indicate that older people are enjoying better physical and mental health leading to improved social well-being.

A "healthy ageing" initiative has been launched under WHO leadership. It promotes a cycle of activities: the strengthening of information bases; dissemination of information; advocacy; informed research; training; and policy development. It encourages community-based and inter-generational activities. It emphasizes gender and ethical issues.

Successful projects depend on multi-sectoral involvement. The participation of older people themselves as active players and role models, reinvesting in health as they continue to age, greatly strengthens the process. Firm partnerships are needed with many other agencies and sectors - NGOs, governments, educational bodies, the media and the private sector. Projects should be evaluated to identify models of good practice. Only through evidence of effectiveness will decision-makers be convinced and policy development influenced.

Health is the building block which enables individuals to continue to contribute to society. "Healthy older people are a resource for their families, their communities and the economy" *(Brasilia Declaration on Ageing, WHO, July 1996),*

25 July 1997

STATEMENT ON HEALTH PROMOTING SCHOOLS

4TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTION, JAKARTA, JULY 1997

Every child has the right and should have the opportunity to be educated in a health-promoting school. The participants of the 4th International Conference on Health Promotion call upon international and national agencies, governments, communities, nongovernmental organizations and the private sector to support the development of Health Promoting Schools. They urge governments, groups and individuals to promote the concept of the health-promoting school as a sound investment in the future, when considering policies, priorities and expenditures. They call upon all agencies to support the integration of health-related issues into a comprehensive approach that enable schools to use their full potential to promote the physical, social and emotional health of students, staff, families and community members.

25 July 1997

STATEMENT ON HEALTHY WORKPLACES

4TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTION, JAKARTA, JULY 1997

The participants attending the Symposium on Healthy Workplaces at the 4th International Conference on Health Promotion (Jakarta, July 1997) underlined the great importance of work settings for the promotion of health of working populations, their families and friends, the community and society at large. A healthy workforce is vital for sustainable social and economic development on global, national, and local level.

The globalization of business life, technological developments and changes in the demographic structure of populations are leading to new types of employment patterns, such as temporary and part-time work, self-employment and telework. High rates of unemployment are becoming one of the major social problems all over the world. The participants of the symposium stated that "there is no shortage of work, only of jobs. We have to reconsider our values and combine economic development with human development."

The various trends foreseeable in society have to be taken into account for the development of policies and action plans influencing workers' health. Until now most investments for health of working populations have been made in large-scale enterprises. However, informal work settings, small-scale and micro enterprises are becoming increasingly important as new venues for work, national stability and economic growth. This poses considerable challenges to all sectors of society, and calls in line with the Jakarta Declaration for partnership between non-governmental organizations, all branches of the public and private sector, educational bodies and the media.

Comprehensive workplace approaches are essential which take into consideration physical, emotional, psychosocial, organizational and economic factors both within work settings and all other settings, in which people fulfill their multiple life roles. Among other things, this means that strong links to existing setting approaches such as Healthy Cities, Health Promoting Hospitals and Health Promoting Schools have to be established.

In the face of these future challenges, WHO has developed a new initiative, called *WHO's global Healthy Work Approach (HWA)*, which serves as a catalyst for partnership between the different stakeholders. This approach is based upon the following four complementary principles: 1. health promotion, 2. occupational health and safety, 3. human resource management, and 4. sustainable (social and environmental) development. Together, these fundamental principles make it possible to deal with the impact of a wide variety of factors on working people, the surrounding community and society at large.

To strengthen such a global initiative the participants of the symposium at the Jakarta Conference stressed the importance to advocate for global unity and solidarity to promote and protect the health of employed and unemployed people. Priority areas, criteria and key strategies have to be specified in every region of the world through an open dialogue between the different sectors of society. This process will have to be supported by a strong investment in research on the impact of workers health on social and economic development.

25 July 1997

STATEMENT ON PARTNERSHIPS FOR HEALTHY CITIES

"HEALTHY CITIES, VILLAGES, ISLANDS, COMMUNITIES" WORKING GROUP
4TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTION, JAKARTA, JULY 1997

The global Healthy Cities movement, which now incorporates islands, villages, communities, towns, municipalities, cities, and megacities around the world, has been a very successful application of the Ottawa Charter's strategies. Healthy Cities embodies healthy schools, workplaces, health care facilities, markets and other settings. Healthy Cities is the balance of people's spirit and technologies. The process of creating healthier cities is a practical example of the effectiveness of partnerships between local governments involving different departments, residents, NGOs, private sectors, community organizations, and academics.

Commitment at local level

Commitment to build successful partnerships for Healthy Cities rests on action at local level. Partnerships at several levels with various partners widens diversity in alliance. They include partnerships within the health sector, within the public sector, between cities, and across sectors. This requests participation from health, environment, economy, ecology, education, and urban planning fields. Decentralization expedites influential partnerships.

Tailor-made effectual formula

There is no single standard formula to build up effective partnerships for Healthy Cities. The leadership and managerial skills affect its outcome. Social pressure is a key to stimulate leaders to make partnerships with the concerned organizations and people to enhance health promotion in places where people live. Health plans developed through partnerships contribute to health gain.

Key mechanisms

Mechanisms to constitute influential partnerships are to tackle hot local issues, to build on cultural and historical backgrounds, to employ a holistic approach, to build on mutual success, to work step by step, to be aware of generating additional financial resources to sustain good partnerships, and to involve decision makers of communities.

Enablement

We need to enable people of various sectors to build partnerships at the local level. People need skills to find partners, work with different partners, mediate, create participatory platforms, and work towards the same goal. We need to increase partnership literacy.

This commitment to building the Healthy Cities movement is for the health of the people.

25 July 1997

STATEMENT OF MEMBER COMPANIES AND GROUPS

AD HOC PRIVATE SECTOR GROUP

4TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTION, JAKARTA, JULY 1997

Private sector companies and groups attending the Jakarta Conference warmly welcomed the opportunity afforded to them by the WHO for full participation in the ongoing health promotion discussions, with the central theme of building effective partnerships involving new players.

Evidence presented to the Conference outlining the "crisis of suffering" facing the populations of the world, clearly indicates the need for the private sector to play a full and responsible part in working with WHO and government, in both developed and developing countries, to meet the health challenges ahead.

Private sector companies and groups represented at Jakarta are committed to working with WHO, governments and NGOs to help inspire similar commitment from other responsible private sector companies and groups. We share the view that the issue of greater health expectancy is as important to companies and the communities they serve, as was the issue of the environment in the 1980s and early 1990s. We further believe that best practice in the workplace involves a comprehensive and holistic approach to the promotion of physical, mental and emotional well-being for workforces and families. We are also fully aware of the continuing need for companies to be vigilant as to the health impact of their products and services, as well as to the way they are produced, delivered and marketed.

The private sector at large has spent billions of dollars over the last decade in health promotion programs, stimulated in part by the ground-breaking Ottawa Charter. However, for millions of people in both developed and developing countries the private sector's crucial contribution to health promotion is as wealth creators and job providers. The eradication of poverty through the provision of opportunities to work is a crucial, yet undervalued, contribution to health promotion provided by the private sector. Yet there is more to be done. Our view is that health promotion programs in the corporate sector, whether philanthropic or commercial, will become more effective if they are delivered through practical, balanced and transparent partnerships.

Having taken the first steps in creating such partnerships during our time here in Jakarta, the private sector companies and groups would wish
to maintain a regular dialogue with the new partners and WHO, leading to agree partnership
protocols and commitments. General protocols for successful partnerships must include transparency, accountability, mutual benefit and ethics. Other protocols must be tailored to particular partnerships, such as commitment to the highest standards of professional and scientific practice.

The private sector seeks to ensure successful partnerships by reaching agreement on commitments to:

- ❒ Regular measurement of goals and objectives;
- ❒ Sharing fully and openly all information relevant, and wherever possible, sharing resources be they managerial, technological, training or financial;
- ❒ Maintaining open dialogue in the spirit of understanding with an aim to reach agreement on joint values, joint responsibilities and joint action plans;
- ❒ Open acknowledgement of the contribution of each partner, and the responsibilities of both new and "old" players in health promotion.

The Scope and Purpose Document prepared by WHO for the 4th International Conference, outlined the expected outcomes of the Jakarta meeting. We believe that our statement addresses directly many of those outcomes, particularly those regarding alliances and partnership principles.

Private sector companies and groups at Jakarta warmly welcome the Jakarta Declaration and commit themselves to participate fully in its implementation.

25 July 1997

		day: 21 July	day 2: 22 July	day 3: 23 July	day 4: 24 July	day 5: 25 July	day 6
8.30-9.00	Day 0	***transportation to palace***	NEWS	NEWS	NEWS	NEWS	***Optional :***
Plenary 9.00-10.30		OFFICIAL OPENING (presidential palace Istana Negara)	CHALLENGE II: New Mindsets Think Health: What makes the difference? 3	CHALLENGE IV: New Policies New Policies for Health Promotion 7	CHALLENGE V: New Tools & Technologies Soaps for Health: health promotion through entertainment 9	CHALLENGE VI Partnerships for Health Promotion Plenary Discussion Jakarta Declaration 13	***HP Site visits***
Break: 10.30-11.00			***Break***	***Break***	***Break***	***Surprise Speaker***	
Symposia 11.00-12.30		*tranport to Conference venue - Hotel Horison -*	LEADING CHANGE I Think Health 4	LEADING CHANGE II Challenges & Responses 8	LEADING CHANGE III Leadership skills for health promotion 10	***Break***	
12.30-	***Registration DAY***	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	
Plenary 14.00-16.00		CHALLENGE I: Health Promotion : A global challenge 1	CHALLENGE III: Health Futures Health 2020 5	INDONESIA DAY	LEADING CHANGE IV HP towards the 21st century 11	LEADING CHANGE V New Players for a New Era - Final Commitments Adoption of Jakarta Declaration 14	
		Break	***Break***		***Break***	Closing Ceremony	
Break: 16.00-16.30		Review & Evaluation	Health Promotion Futures				
Symposia 16.30-18.00		PARTNERSHIPS IN ACTION I Health Promotion in Action 2	PARTNERSHIPS IN ACTION II Moving Ahead 6	PARTNERSHIPS IN ACTION III Indonesian experiences	PARTNERSHIPS IN ACTION IV Partner dialogues strengthening commitments 12		
18.00-	***Welcome Cocktail hosted by WHO***	NETWORKING	NETWORKING	NETWORKING	NETWORKING		
EVENING EVENTS		Welcome Dinner: hosted by Ministry of Health Indonesia	FREE	Dinner & Cultural Evening hosted by Governor of Jakarta	FREE		

Sunday 20 July 1997 12.00 - 20.00 16.30 - 18.00	Registration at Lobby of Krakatau Room Welcome Cocktail hosted by WHO

DAY 1 Monday 21 July 1997

7.30-8.30

- Transport to Presidential Palace

9.00-10.30 — 11:00-12:30

Official Opening

Presidential palace

- Official opening
  "Welcoming address from Indonesia"
  "Welcoming address from World Health Organization"
- *Transportation to the conference venue*

12:30-14:00 — LUNCH

14.00-15.30

Multi - Media Introduction

Session 1 — CHALLENGE I — Plenary

Health Promotion - a Global Challenge

Chair: *H.E. Prof Dr Sujudi, Minister of Health, Indonesia*

- Welcoming address — *Dr Uton Muchtar Rafei, Regional Director, WHO/ SEARO*
- Keynote speech: — *"Looking back...Looking Ahead: Health Promotion a Global Challenge!" - Dr I.Potter, Assistant Deputy Minister of Health, Canada*
- Opening Panel: Health Promotion: A Global Challenge!
  "Challenge in Hungary & Eastern European countries" - *H.E. Dr M.Kökény, Minister of Welfare, Hungary*
  "Challenge in the pacific islands" - *Dr A.U.Boladuadua, Director Primary & Preventive Health Service,Fiji*
  "Challenge for NGOs in Africa"- *Dr F.Manguyu, President Medical women's International Association, Kenya*
  "Challenge for private sector"- *Mr J.Mullen, Chairman, Private Sector for health promotion, USA*

15.30-16.00

Introduction to programme of 4ICHP

- Introduction to programme of 4ICHP — *Dr D. O'Byrne, Chief HEP, WHO*
- Introduction to "health promotion in action" (S2) — *Prof P. Gillies, Director Research, HEA*

16:00-16:30 — ***Break***

16.30-18.00

Session 2 — PARTNERSHIPS IN ACTION I — Symposia

Health Promotion in Action

10 Symposia

Symposia on successful Health Promotion strategies and approaches (advocating, enabling, mediating, intersectoral action, strengthening community action, etc.) illustrated by case studies. These case studies reflect a wide range of health promotion in action. The outcomes of this session will provide important input, particularly into session 6 "Moving Ahead" and session 12 "Partner dialogues".

- What makes health promotion approaches successful?
- What are supportive environmental conditions?
- Which partners make a difference?

2.1 Healthy Cities/ villages/ islands/ communities	2.2 Health Promoting Schools	2.3 Healthy Workplaces	2.4 Healthy Ageing	2.5 Active Living/ Physical Activity
2.6 Sexual Health	2.7 Tobacco free societies	2.8 Promoting women's health	2.9 Health Promoting Healthcare Settings	2.10 Healthy homes/ families

18.00-19.30 — NETWORKING

EVENING EVENTS — Welcome Dinner, hosted by H.E. Prof Dr Sujudi, Minister of Health, Republic of Indonesia

MORNING EVENTS	DAY 2 Tuesday 22 July 1997
8.30-9.00	NEWS
9.00-10.30	*Multi - Media Introduction* Session 3 CHALLENGE II: New Mindsets Plenary **Think Health: What makes the Difference?** *Chair:Mr J.Mullen, Chairman, Private Sector for health promotion* *Key-Note speech:* "Think Health: What makes the Difference?" Dr I.Kickbusch, Director HPR, WHO The panel discusses how to place health promotion in the centre of development. How can health promotion address the determinants of health in different economic, historic, social and cultural contexts? *Panel-presentations:* - *'addressing health determinants in the United States'* - *Dr D.McQueen, USA* - *'addressing health determinants- grass-roots perspective'* - *Dr A.Mukhopadyay, India* - *'addressing health determinants- African perspective'* - *Dr W.Mwanyenge, Bostwana* - *'addressing health determinants- private sector perspective'* - *Dr M. Knowles, Belgium*
10:30-11:00	***Break***
11.00-12.30	Session 4 LEADING CHANGE I Symposia **Think Health** 10 symposia The question 'how do we create health' leads to new approaches policymaking, financing and evaluation. The symposia will provide examples of innovative action.

4.1 *Intersectoral Action*	4.2 *Healthy public policies*	4.3 *Investing in health*	4.4 *Investing in equity*	4.5 *City Health Plans*
4.6 *Evaluating policies*	4.7 *Evaluating settings*	4.8 *Evaluating community health programmes*	4.9 *Ensuring human rights*	4.10 *Think globally, act locally*

12:30-14:00	LUNCH

14.00-15.30	*Multi - Media Introduction* Session 5 CHALLENGE III: Health Futures Plenary **Health 2020** *Chair:* *Dr F.Manguyu, President Medical Women's International Association, Kenya* *Keynote speech:* "Demographic trends: health & population responses" - *H.E. Prof H.Suyowo, Minister of Population, Indonesia* "Global Health Trends & Health Potentials" - *Dr O. Shishana, South Africa* While moving into the 21st century, health promotion must respond to major challenges. This panel introduces global health trends and selective responses. *Panel-presentations:* - 'Western pacific scenarios: New Horizons in Health' -*DrS.T.Han, Regional Director, WHO/WPRO* - 'Illiteracy & Educational Responses' - *Dr E. Jouen, Belgium* - 'Tobacco Trends & Health Responses' - *Dr S.Omar, Egypt* - 'Building Effective Networks: in the Community and Around the World' - *Dr R. Scott, Canada*
15.30-16.00	Health Promotion Futures ▸ HP Futures- introduction to 'Moving ahead' (S6) *- Dr R.Vaithinathan, Director, Training & Health Education Department, Ministry of Health Singapore, WHO Collaborating Centre* *- Dr T. Hancock, Health Promotion Consultant*
16:00-16:30	***Break***
16.30-18.00	Session 6 PARTNERSHIPS IN ACTION II Symposia **Moving Ahead** 10 Symposia This series of symposia will focus on different entry points for health promotion action most likely to lead to significant gains in health and well-being by 2020. Participants will be engaged in proposing priority approaches and action steps based on the most effective strategies as results of session 2 "Health Promotion in Action" incorporating the trends laid out in session 5. Proposals from these symposia will lay the basis for partner dialogues such as in session 12. • What are key priorities leading to health gain into the 21st Century? • What action steps today guide the direction to a preferred health promotion future? • What partnerships will make a difference?
18.00-19.30	NETWORKING
EVENING EVENTS	

6.1 Healthy Cities/ villages/ islands/ communities	6.2 Health Promoting Schools	6.3 Healthy Workplaces	6.4 Healthy Ageing	6.5 Active Living/ Physical Activity
6.6 Sexual Health	6.7 Tobacco free societies	6.8 Promoting women's health	6.9 Health Promoting healthcare settings	6.10 Healthy Homes & Food & Nutrition

DAY 3 Wednesday 23 July 1997

MORNING EVENTS

8.30-9.00 — NEWS

9.00-10.30

Multi - Media Introduction

Session 7 — CHALLENGE IV — Plenary

New Policies for Health Promotion

This plenary focuses on how 3 countries and one interregional group use the integrative health promotion approach to maintain and enhance health. Three of the most populated countries will outline their response to the challenges to lead change in promoting the health of the people.

Chair: H.E. Dr M.Kökény, Minister of Welfare, Hungary

"Health Promotion towards the 21st century: Indonesian policy of the future" - *H.E. Prof Dr Sujudi, Minister of Health, Indonesia*

"Global health inequity and the role of Mega-countries" - *Dr D.Satcher, USA*

"How is the most populated country facing the future health challenges?" - *Dr Lu Rushan, China*

"European policies for health promotion" - *Dr M.Rajala, Luxembourg*

10:30-11:00 — ***Break***

11.00-12.30

Session 8 — LEADING CHANGE II — 10 Symposia

Challenges & Responses

The world is changing rapidly, and many global trends have an impact on health. The parallel symposia in this session will feature global trends and the discussions will represent challenges and responses. The participants are challenged to define future action and strategies through which health promotion can bend global trends to enhance health and equity.

8.1. *New Ethical: Challenges & HP Responses*	8.2. *Global Health: Global Alert & Surveillance*	8.3. *Global Movements: Tourism*	8.4. *Information Highway: Challenges & HP responses*	8.5. *Trade & Health: Challenges & HP Responses*
8.6. *Mega Cities: Challenges & HP Responses*	8.7. *The Changing Social Fabric: Challenges & Responses*	8.8. *New Consumers: Challenges & HP Responses*	8.9. *Food Production & Safety*	8.10. *Forgotten people: Challenges & HP Responses*

12:30-14.00 — LUNCH

14.00-14.30 — Operette - INDONESIA DAY

14.30 - 16.00

Session I * *Detailed programme of Indonesia Day: see separate booklet*	*ID1 Theme I a:* Religion and Health Development in Indonesia	*ID2 Theme II:* Woman and Health Development in Indonesia	*ID3 Theme III:* Nation Wide Community Action for Health
	ID4 Theme IV: Local Specific Community Action for Health	*ID5 Theme V:* Intersectoral collaboration and Private Sector	*ID6 Theme VI:* Managed Care in Indonesia

14.30 - 16.00

Session II	*ID1 Theme I b:* NGO's Health Activities in Indonesia	*ID2 Theme V:* Woman and Health Development in Indonesia	*ID3 Theme III:* Nation Wide Community Action for Health
	ID4 Theme IV: Local Specific Community Action for Health	*ID5 Theme V:* Intersectoral collaboration and Private Sector	*ID6 Theme VI:* Managed Care in Indonesia

16:00-16:30 — ***Break*** PARTNERSHIP IN ACTION III

18:00-19:30 — NETWORKING

EVENING EVENTS — Dinner & Cultural Evening, hosted by the Governor of the metropolitan city of Jakarta

MORNING EVENTS	DAY 4 Thursday 24 July 1997
8.30-9.00	NEWS
9.00-10.30	*Multi - Media Introduction* Session 9 CHALLENGE V: New Tools & Technologies Plenary **Soaps for Health: health promotion through entertainment** The rapid spread and development of Information systems and communication infrastructures have a major impact on our everyday life. Health promotion can benefit from the fact that nearly all communities in the world and large numbers of individuals have access to communications technology including entertainment on television. This session will show examples of broadcasting health in soap-operas from different parts of the world. *Chair:* *Dr A.U.Boladuadua, Director Primary & Preventive Health Services, Fiji* *Key-Note Speech:* "Soaps for Health", *Dr S. Fox, USA* "Trends in Health and in Communication: Opportunities & Strategies to mobilize Partners"- *Dr W.Feek, USA* *Panel Presentations:* *- Ms Roma Pereira, India* *- Dr Kimani Njogu, Kenya* *- Ms S. Ward, South-Africa*
10:30-11:00	***Break***
11.00-12.30	Session 10 LEADING CHANGE III Symposia **Leadership for health promotion** The symposia in this session challenge the participants to integrate different approaches which are the basis for leading health promotion ahead. Building on the best practices in health promotion strategies, we can learn from diverse leadership skills.
12:30-14:00	LUNCH
14:00-16:00	Session 11 LEADING CHANGE IV Plenary **Health Promotion towards the 21st century** *Chair: H.E. Dr M.Kökény, Minister of Welfare, Hungary* In anticipating a rapidly changing world, this session summarizes and synthesizes the challenges, key strategies and priority areas for future health promotion action. The session allows for the plenary discussion of the draft Jakarta Declaration. *Panellists:* *- Dr D. Nyamwaya, Kenya* *- Dr D. Nutbeam, Australia* *- Ms N. Mattison, Switzerland* *- Drs Dachroni, Indonesia* Discussions of the draft Jakarta Declaration in 10 parallel groups

10.1 Leadership through advocacy	10.2 Leadership through communications for health	10.3 Leadership through partnershipbuilding I	10.4 Leadership through Partnership building II	10.5 Global Leadership through conventions
10.6 Leadership through policy frameworks	10.7 Acquiring leadership skills through training	10.8 Economic accountability for HP	10.9 Leadership through coordinating the HP- Networks	10.10 Positioning HP in health care reform

16:00-16:30	*Break*
16.30-18.00	Session 12 PARTNERSHIPS IN ACTION IV Symposia ***Partner dialogues: strengthening commitments*** 10 Symposia This afternoon session offers the possibility for different organizations and agencies to meet and negotiate with various global (WHO) Health Promotion initiatives and networks on potential joint health promotion action. Outcomes of the partnerdialogues are presented in plenary session 13 "Partnerships for health promotion". • How can we build new partnerships and alliances to reduce the health gap and promote Health for All in the 21st century? • What new players are willing to form a global alliance for Health Promotion? • How can we capture the positive momentum from partnerships and alliances for a dynamic Health Promotion future?
18.00-19.30	NETWORKING
EVENING EVENTS	

12.1 Healthy Cities Network	12.2 Global School Health Initiative	12.3 Healthy Ageing Initiative	12.4 Healthy Work Initiative	12.5 Active Living Initiative
12.6 Mega-country Initiative	12.7 Health Promotion Foundations - initiative	12.8 Health Promotion for Chronic Health conditions	12.9 Health Promoting Hospitals- initiative	12.10 Health Promoting Media settings

MORNING EVENTS	DAY 5 Friday 25 July 1997
8.30-10.30	*Multi - Media Introduction* Session 13 Plenary ***Partnerships for Health Promotion*** *Chair:* *Dr F.Manguyu, President Medical Women's International Association, Kenya* Plenary discussion on Jakarta Declaration proposal
11:00-11:30	*Panellists:* - *Dr D.Mukaji, India* - *Dr A.Malaspina, USA* - *Dr J.Catford, Australia* - *Dr R.Davies, USA*
11:30-14:30	***Break***
14:30-16:00	*Multi- Media Introduction* Session 14 Plenary ***New Players for a New Era - Final Commitments*** *Chair: H.E. Prof. Dr Sujudi, Minister of Health, Indonesia* Presentation of the Conference Report Regional follow-ups - short presentations (5 minutes each) from each WHO Region Reading of the Jakarta Declaration Closing Ceremony
MORNING EVENTS	DAY 6 *(optional)* Saturday 26 July 1997
8.00-8.30	Busses are waiting in front of the lobby Hotel Horison
8.30-10.00 10:00-12:30	3 Site Visits: 1. Taman mini Indonesia indah (the garden of wonderful Indonesia in Minature) 2. Kebun Raya Bogor (the Bogor botanical garden) 3. Taman safari Cisarua (the safari garden, Cisarua) Site Visits to health promotion actions in Indonesia
12:30-14:00	LUNCH
14.30-16.00	Back to Hotel Horison

Introduction to Symposia

The conference programme features on two tracks of symposia:
- 'Leading Change'-symposia in the mornings
- 'Partnership in Action'-symposia in the afternoons

'Leading Change' symposia
The symposia in the 'Leading Change' track are structured as learning sessions. The items addressed in these symposia trigger discussion and debate between the participants with a new reconciling to different perspectives and adopting a stronger, more united approach to health promotion.
The following three 'Leading Change' sessions are discussed in detail in the next pages:
- Session 4, Think Health
- Session 8, Challenges & Responses
- Session 10, Leadership skills for health promotion

Tuesday 22 July 1997 11.00 - 12.30	Wednesday 23 July 1997 11.00 - 12.30	Thursday 24 July 1997 11.0 - 12.30
LEADING CHANGE I **Think Health** 4	LEADING CHANGE II **Challenges & Responses** 8	LEADING CHANGE III **Leadership skills for health promotion** 10

'Partnerships in Action' symposia
The symposia in the 'Partnership in Action' track give the participants the opportunity to work in depth in one of ten health promotion areas.
Within 'Health Promotion in Action' session 2, the participants will illustrate successful Health Promotion strategies, methods and approaches by presenting selected case studies. Building on these successful strategies, participants will identify future Health Promotion action areas. In the 'Challenges & Responses' symposium key action steps to reach the greatest health gain by the year 2020 will be discussed. The focus of 'Partnerdialogues - strengthening commitments' is the enhancement of the commitment on joint action among "old and new players" interested or involved in the respective health promotion initiatives.

Monday 21 July 1997 16.30 - 18.00	Tuesday 22 July 1997 16.30 - 18.00		Thursday 24 July 1997 16.30 - 18.00
PARTNERSHIPS IN ACTION I **Health Promotion in Action** 2	PARTNERSHIPS IN ACTION II **Moving Ahead** 6		PARTNERSHIPS IN ACTION IV **Partner dialogues strengthening commitments** 12

Session 4: *Think Health* - Tuesday 22 July 1997, 11.00-12.30

LEADING CHANGE- symposia *(Sessions 4-8-10)*

Symposia		Speaker	Respondents	Facilitator
4.1	*Intersectoral Action*	Dr N.Kotani, Canada	- Dr M.Szatmari, Hungary - Ms R.Bonner, Switzerland	Dr J.Mwanzia, Kenya
4.2	*Healthy public policies*	Dr N.Ngwenya, Zimbabwe Dr D.McVey, UK	- Dr R.Parish, UK - Dr C.Colin, Canada	Dr H.Hagendoorn, Netherlands
4.3	*Investing in health*	Dr E.Ziglio, Denmark Dr A.Rütten, Germany	- Ms J.Jett, USA	Ms R.Tennyson, UK
4.4	*Investing in equity*	Dr G.Dahlgren, Sweden	- Dr M.Danzon, France - Dr G.Perez, South-Africa	Dr A.Mukhopadhyay, India
4.5	*City Health Plans*	Dr A.Kiyu, Malaysia	- Dr C.Daniel/ Dr J.Goepp, USA - Dr T.Ohta, Japan	Dr J.Urbino-Soria, Mexico
4.6	*Evaluating policies*	Dr I.Rootman, Canada (Dr S. Jackson)	- Dr M. Ahmed, Bangladesh	Dr C.Kelleher, Ireland
4.7	*Evaluating settings*	Dr J.Pelikan, Austria	- Dr J.Adeniyi, Nigeria - Dr Ramji Dhakal, Nepal	Dr J.Catford, Australia
4.8	*Evaluating community health programmes*	Prof P.Gillies, UK	- Dr D.Nyamwaya, Kenya - Dr D.McQueen, USA	Ms C.Hamilton, New Zealand
4.9	*Ensuring human rights*	Dr R.Gurr, Australia	- Dr A.Etsri, Togo	Dr D.Mukarji, India
4.10	*Think globally, act locally (integrate perspectives)*	Dr Chowdhury, Bangladesh	- Dr Boon Yee Yeong, Singapore - Dr F.Lostumbo, USA	Dr B.Petterson, Sweden

The question 'how do we create health' leads to new approaches in policymaking, financing and evaluation. The symposia will provide examples of innovative action.

Symposia Goal

- To address different key approaches to create health

Symposia Objectives

- to learn about new and innovative approaches in creating health;
- to introduce the health promotion perspective on policymaking, financing and evaluation;
- to integrate new perspectives of innovative action into existing approaches.

Symposia Outcomes

- identified new and innovative approaches in creating health;
- identified ways how new perspectives of innovative action can be integrated into existing approaches.

Symposia Structure

- introduction of topic and speakers by facilitator and designation of a rapporteur;
- keyspeaker: presentation on an innovative health promotion approach of policymaking, financing or evaltuation in "creating health" (15 minutes),
- one or two speakers responding to the presentation providing new perspectives on the health promotion approach (5 minutes each);
- discussion along questions prepared by the facilitator and key speaker;
- summary of the discussion by the facilitator;
- written report developed by a designated rapporteur.

Background material

- key speaker to provide all participants with input/material (if possible specific prepared paper) for the symposium.

Session 8: *Challenges & Responses* - Wednesday 23 July 1997, 11.00-12.30

LEADING CHANGE- symposia *(Sessions 4-8-10)*

Symposia	Speaker	Respondents	Facilitator
8.1. *New Ethical Challenges*	Prof H.Hannum, USA	- Ms M.Modolo, Italy - Dr Egwu, Nigeria	Dr H.Hagendoorn, Netherlands
8.2. *Global Health: Global Alert & Surveillance*	Dr Hapsara, WHO/HST (global health trends)	- Dr L.Kuppens, WHO/EMC (global alert & surveillance)	Dr B.Petterson, Sweden
8.3. *Global Movements:tourism*	Ms E.Simon, Switzerland (global Hospitality Industry)	- Ms D.D'Cruz-Grotte, UNAIDS (AIDS - tourism)	Dr J.Catford, Australia
8.4. *Information Highway: Challenges & HP responses*	Dr S.Connelly, USA	- Ms C.Herman, UK (internet) - Ms B.Kabre, Cote d'Ivoire	Dr J.Mwanzia, Kenya
8.5. *Trade & Health: Challenges & HP responses*	*cancelled*		
8.6. *Mega Cities: Challenges & HP responses*	Dr T.Takano, Japan	- Dr C.De Sa, India - Mrs M.Broglia, USA	Dr F.Memon, Pakistan
8.7. *The Changing Social Fabric: Challenges & responses*	Dr J.Davies, UK	- Dr D.Mukarji, India - Dr V.Naweya, Kenya	Dr J.Urbino-Sario, Mexico
8.8. *New Consumers: Challenges & HP responses*	Dr Z.Mirzar, Pakistan		Dr C.Kelleher, Ireland
8.9. *Food Production & Safety*	Dr M.Edmundson	- Ms J.Koch, Switzerland - Mr A.Gueniffey, France	Dr D.Mukarji, India
8.10. *Forgotten people: challenges & HP responses*	Dr P.Makara, Hungary (Gypsies)	- Dr R.Mihi, New Zealand (Maori) - Dr C.Ten Haeff, Netherlands	Dr A.Mukhopadhyay India

The world is changing rapidly, and many global trends have an impact on health. The parallel symposia in this session will feature global trends as challenges for health promotion and the discussions will represent challenges and responses. The participants are challenged to define future action and strategies through which health promotion can bend global trends to enhance health and equity.

Symposia Goal

- to analyse challenges for health development and how health promotion can best respond to these challenges

Symposia Objectives

- to learn about global trends in terms of their challenge that they pose for health promotion;
- to analyse these trends in terms of their challenge that they pose for health promotion;
- to discuss and develop future strategies of action for addressing these trends.

Symposia Structure

- introduction of topic and speakers by facilitator and designation of a rapporteur;
- key speaker: presentation of global trends and its impact on health (by an expert in the field - keyperson) with emphasis on the health promotion response (15 minutes);
- one or two speakers responding to the presentation providing new perspectives on the health promotion challenges and responses (5 minutes each);
- discussion along questions prepared by the facilitator and key speaker;
- summary of the discussion by the facilitator;
- written report developed by a designated rapporteur.

Symposia Outcomes

- identified global trends that are a challenge for health promotion;
- Identified responses and future strategies of action for addressing these trends.

Background Material

- key speaker to provide all participants with input/material (if possible specific prepared paper) for the symposium

Session 10: *Leadership for health promotion* - Thursday 24 July 1997, 11.00-12.30

LEADING CHANGE- symposia *(Sessions 4-8-10)*

Symposia		Speaker	Repondents	Facilitator
10.1	Leadership through Advocacy	Dr F.Lostumbo, USA	- Dr H.Aroyo, Puerto Rico - Mr D.Boddy, UK	Ms C.Hamilton, New Zealand
10.2	Leadership through communications for health	Dr J.Yadava, India	- Mr P. Mitchell, UK	Dr J.Urbino-Soria, Mexico
10.3	Leadership through partnershipbuilding I	Ms R.Tennyson, UK		Dr Kawaguchi, WHO (Dr J.Miller - rapp.)
10.4	Leadership through Partnership building II	*cancelled*		
10.5	Global Leadership through conventions	Dr N.Mboi, Indonesia (child rights)	- Dr S.Omar, Egypt (tobacco free societies)	Dr C.Kelleher, Ireland
10.6	Leadership through policy frameworks	Dr J.Bennett, Australia	- Dr N.Enyimany, Ghana - Dr L.Parsons, UK	Dr F.Memon, Pakistan
10.7	Acquiring leadership skills through training	Dr H.Saan, Netherlands	- Ms L.Ong Pool - Dr K.Hyu, Korea	Dr J.Catford, Australia
10.8	Economic Accountability for HP	Dr J.Van der Horst, Netherlands	- Dr S.Geddes, Australia	Dr D.Mukarji, India
10.9	Leadership through coordinating Networks	Dr P.Chandran John, India	- Ms H.Macdonald, Australia - Ms I.Dinca, Romania	Dr B.Petterson, Sweden
10.10	Positioning HP in health care reform	Dr J.Castro, Mexico	Dr C.Connolly, Canada	Dr J.Mwanzia, Kenya

The symposia in this session challenge the participants to integrate different health promotion strategies which are the basis for leading health promotion ahead. Building on the best practices participants get the chance to explore diverse leadership skills.

Symposia Goal

- to explore and identify diverse leadership skills for health promotion;

Symposia Objectives

- to learn about key health promotion strategies;
- to integrate diverse leadership activities and skills into existing ones;
- to enhance leadership skills of participants.

Symposia Structure

- introduction of topic and speakers by facilitator and designation of a rapporteur;
- key speaker: presentation of successful strategy and leadership (15 minutes);
- one or two speakers responding to the presentation providing new perspectives of leadership (5 minutes each);
- discussion along questions prepared by the facilitator and key speaker;
- summary of the discussion by the facilitator;
- written report developed by a designated rapporteur.

Symposia Outcomes

- identified diverse models of good practice of leadership skills;
- identified ways to integrate diverse leadership activities and skills into existing ones;

Background Material

- key speaker to provide all participants with input/ material (if possible specific prepared paper) for the symposium

PARTNERSHIP IN ACTION - symposia *(Sessions 2-6-12)*

SYMPOSIA	SESSION 2 - Monday 21 *'Health Promotion in Action'*	SESSION 6 - Tuesday 22 *'Moving Ahead'*	SYMPOSIA	SESSION 12- Thursday 24 *'Partner dialogues'*
1. Healthy Cities/ villages/ islands/ communities	- *"Healthy City Kuching"* - *"Queensland Healthy Cities"* - *"Healthy Island activities"* - *"Evaluating Healthy Cities & Health Promotion"*	- *"Health Promotion Futures: Healthy Cities"* - *"Future Directions for Healthy Cities"* - *"Future Directions for Healthy Cities"*	12.1Healthy Cities Network	*"Partnerships for the Global Healthy City Network"* Panel of Healthy City experts
2. Health Promoting Schools	- *"A Health Promoting School"* - *"National strategies improving school health programmes in Megacountries"* - *"European Network of Health Promoting Schools"*	- *"HP Futures-Health Promoting Schools"*	12.2 Global School Health Initiative	*"Partnerships building for School Health"* Panel discussions
3. Healthy Workplaces	- *"Working Conditions and Quality of Working Life: The Health Circle Approach"* - *"Workplace Initiative- public/private partnership"*	- *"Future Strategies for Effective Workplace Health Promotion in Europe"* - *"Health Promotion Futures: promoting health at work"*	12.3 Healthy Work Initiative	*"Healthy Work Initiative"* *"Partnership building for Healthy Work"*
4. Healthy Ageing	- *"Health Promotion in Action":* - Ms I. Hoskins, USA - Dr T. Setoabudhi, Indonesia - Dr K. Kawahara, Japan	*"Health Promotion Futures":* - Dr Andrea Prates, Brazil - Ms Maria Stefan, USA	12.4 Healthy Ageing Initiative	*"The WHO perspective on Ageing and Health"* *"Partnership building for Healthy Ageing"*
5. Active Living/ Physical Activity	- *"Active Living"* - *"Tongan Weight Loss Campaigns"* - *"Active Living - casestudy Japan"*	- *"Future through/with Active Living"* - *"Future through/with Active Living"* - *"Future steps through Activity"*	12.5 Active Living Initiative	*"Global Partnerships for Active Living"*
6. Sexual Health	- *"Family Planning Project"* - *"HIV/AIDS Prevention in private sector"* - *"Sexual Health - Casestudy"*	*"Global Business Council on HIV/AIDS"*	12.6 Mega-country Initiative	
7. Tobacco free societies	- *"Tobaccofree Thailand"* - *"Tobacco free Finland"* - *"No Smoking Islands in the Maldives"*	*"Health Promotion Futures: tobacco free Societies"* *"Health Promotion Futures: USA policies"* *"Tobaccofree futureplans for Australia"*	12.7 Health Promotion Foundations - initiative	
8. Promoting women's health	*"Women's Health in India"* *"Promoting Women's Health: private sector Case-study"* *"Promoting Women's Health: NGO case"*	*"Education - the right to a better way of life"* *"Men's Health impact onWomen's Health"*	12.8 Health Promotion for Chronic Health conditions	

9. Health Promoting Healthcare Settings	*"Project 'HOPE' in Poland"* *"Health Promoting Healthcare in Africa"* *"Anesthesia Patient Safety - Casestudy"*	*"Health 2020"* *"Health Promotion Futures: responses to Non Communicable Diseases"*	12.9 Health Promoting Hospitals- initiative
10. Healthy homes/ families	*"Healthy Homes"* *"Healthy Homes & Families"*	*"Development of food-based dietary guidelines"* *"Healthy Homes & Families: a future perspective"*	12.10 Health Promoting Media settings